

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008511

FILED
Aug 25, 2008
Secretary of State

Entity Name: THE BELIEVER'S CHURCH, INC.

Current Principal Place of Business:

14366 MILLHOPPER ROAD
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

14366 MILLHOPPER ROAD
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 26-0831822 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALEXANDER, LEE
14366 MILLHOPPER ROAD
JACKSONVILLE, FL 32258 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ALEXANDER, LEE
Address: 14366 MILLHOPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: T () Delete
Name: ALEXANDER, NICOLE
Address: 14366 MILLHOPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: T () Delete
Name: SEHON, MIKE
Address: APDO 1223
City-St-Zip: AREQUIPA, PERU,

Title: T () Delete
Name: MCMAHON, MICHAEL
Address: P.O. BOX 15911
City-St-Zip: BATON ROUGE, LA 70895

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE ALEXANDER

D

08/25/2008

Electronic Signature of Signing Officer or Director

Date