

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008064

FILED  
Jun 21, 2009  
Secretary of State

**Entity Name:** THE BELIEVERS WOMEN'S MINISTRIES, INC.

**Current Principal Place of Business:**

18250 NW 2ND AVE SUITE 202  
MIAMI, FL 33169

**New Principal Place of Business:**

18250 NW 2ND AVE SUITE 202  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

18250 NW 2ND AVE SUITE 202  
MIAMI, FL 33169

**New Mailing Address:**

18250 NW 2ND AVE SUITE 202  
MIAMI GARDENS, FL 33169

**FEI Number:** 27-0316971      **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:**

LUBIN, MARTHE M  
2884 NW 204TH STREET  
MIAMI GARDENS, FL 33056      US

**Name and Address of New Registered Agent:**

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: PD      ( ) Delete  
Name: LUBIN, MARTHE M  
Address: 2884 NW 204TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VPD      ( ) Delete  
Name: HOMERE, CAROLE B  
Address: 59 MT PLEASANT AVE  
City-St-Zip: WEST ORANGE, NJ 07052

Title: TD      ( ) Delete  
Name: CHARLES, MARIE  
Address: 1155 NW 110TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: SD      ( ) Delete  
Name: LUBIN, ANITE M  
Address: 4724 MONROE STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: AS      ( ) Delete  
Name: BERROUET, DORISE  
Address: 240 EAST DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**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:

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: MARTHE M. LUBIN

PD

06/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date