

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010629

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: THE BELIEVERS ROYAL ACADEMY, INC.

**Current Principal Place of Business:**

796 HOOK STREET  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 120667  
CLERMONT, FL 34712

**New Mailing Address:**

FEI Number: 26-3713253      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:**

DAVIS, AMANDA  
315 BOCA CIEGA ROAD  
MASCOTTE, FL 34753      US

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

PARKHURST, ANNETTE  
17331 SECOND ST  
MONTVERDE, FL 34756      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: ANNETTE PARKHURST

08/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DAVIS, AMANDA  
Address: 315 BOCA CIEGA ROAD  
City-St-Zip: MASCOTTE, FL 34753

Title: D      ( ) Delete  
Name: DAVIS, DENNIS  
Address: 315 BOCA CIEGA ROAD  
City-St-Zip: MASCOTTE, FL 34753

Title: D      ( ) Delete  
Name: PARKHURST, ANNETTE  
Address: 17331 SECOND STREET  
City-St-Zip: MONTVERDE, FL 34756

Title: D      ( ) Delete  
Name: PARKHURST, DENNIS  
Address: 17331 SECOND STREET  
City-St-Zip: MONTVERDE, FL 34756

**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: AMANDA DAVIS

D

08/31/2009

Electronic Signature of Signing Officer or Director

Date