

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002495

FILED
Apr 20, 2011
Secretary of State

Entity Name: BELIEVERS STRENGTHENING NETWORK INC.

Current Principal Place of Business:

1794 N W 38 AVE
FT. LAUDERDALE, FL 33313

New Principal Place of Business:

1794 N W 38 AVE
FT. LAUDERDALE, FL 33311

Current Mailing Address:

1794 N W 38 AVE
FT. LAUDERDALE, FL 33313

New Mailing Address:

1794 N W 38 AVE
FT. LAUDERDALE, FL 33311

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS- CAMMOCK, ELIN M
4417 STERLING ROAD
DANIA, FL 33314 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
Name: RUTHERFORD, MAURICE
Address: 18200 N W 37 AVE
City-St-Zip: MIAMI, FL 33056

Title: VPD
Name: FERGUSON, NICHOLAS
Address: 1794 N W 38 AVE
City-St-Zip: FT. LAUDERDALE, FL 33313

Title: VPD
Name: STEPHENSON, GARFIELD
Address: 6306 PEMBROKE ROAD
City-St-Zip: MIRAMAR, FL 33023

Title: TD
Name: THOMAS-CAMMOCK, ELIN M
Address: 1301 S W 102 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S
Name: THOMAS CAMMOCK, ELIN
Address: 1301 SW 102 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: ELIN THOMAS CAMMOCK

TD

04/20/2011

Electronic Signature of Signing Officer or Director

Date