

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6:09

DOCUMENT # N16739 (7)
1. Corporation Name
BELIEVERS FELLOWSHIP CHRISTIAN CENTER, INC.

Principal Place of Business Mailing Address
1100 1/2 N GREENWOOD AVE 1321 PARKWOOD ST
C/O NATHANIEL JOHNSON C/O NATHANIEL JOHNSON
CLEARWATER FL 34615 CLEARWATER FL 34615-2731
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1986 3a. Date of Last Report 08/08/1994
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

JOHNSON, NATHANIEL
1321 PARKWOOD STREET
CLEARWATER FL 33515

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, NATHANIEL
STREET ADDRESS 1321 PARKWOOD ST.
CITY - ST - ZIP CLEARWATER FL

TITLE D
NAME JOHNSON, CAROLYN
STREET ADDRESS 1321 PARKWOOD ST.
CITY - ST - ZIP CLEARWATER FL

TITLE ST
NAME BURGESS, VERNICE
STREET ADDRESS 1004 N GARDEN AVE
CITY - ST - ZIP CLEARWATER FL

TITLE D
NAME BURGESS, WILLIE PEARL
STREET ADDRESS 1004 N GARDEN AVE
CITY - ST - ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D BURGESS, Willie Paul
4.3 STREET ADDRESS 1004 N. Garden Ave.
4.4 CITY - ST - ZIP Clear. Fla.

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Nathaniel Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathaniel Johnson
Unit

3/28/95 (812) 46612
System (leave blank)