2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1321 PARKWOOD ST

3. Mailing Address

C/O NATHANIEL JOHNSON CLEARWATER FL 33755-2731

DOCUMENT # N16739

1. Entity Name

Principal Place of Business

C/O NATHANIEL JOHNSON

CLEARWATER FL 34615

SIGNATURE:

1100 1/2 N GREENWOOD AVE

2. Principal Place of Business

BELIEVERS FELLOWSHIP CHRISTIAN CENTER, INC.

City & State		City & State			DO NOT WRITE IN THIS SPACE			
				4. FEI Number	NOT APPLICABLE		pplied For ot Applicable	
Zip Country		Zip	Country	5. Certificate of	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	· · · · · · · · · · · · · · · · · · ·		Name					
JOHNSON, NATHANIEL			Street	Street Address (P.O. Box Number is Not Acceptable)				
			Sileot					
1321 PARKWOOD STREET								
CLEARWATER FL 33515			City			Zip Cod	de e	
					F	<u> </u>		
8. The above	named entity submits this statement fo	r the purpose of changing its	s registered office o	or registered agent, or both,	in the state of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if analisable (NO)	FE Pagistared Asset signs	ture required when reinstating)	DATE			
	Signature, typed or printed traine or registered agent of	ind the it applicable. [NOT	E. Hogistored Agent signe	note required writer remarkating)			-	
					4			
	FILE NOW:	9. Election Campaig Trust Fund Contrib	~ —	\$5.00 May Be	Make Check		0	
	FEE IS \$61.25	inust runa Contint	Julion.	Added to Fees	Departmer	nt of State		
10.	OFFICERS AND DIF	RECTORS	T 11.	ADDITIONS/CHAN	IGES TO OFFICERS AND D	IRECTORS I	V 10	
TITLE	D	□ Delete	TITLE	1		☐ Change	☐ Addition	
NAME	JOHNSON, NATHANIEL	C Durang	NAME					
STREET ADDRESS	1321 PARKWOOD ST.		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP					
TITLE	D	□ Delete	TITLE	<u> </u>		☐ Change	Addition	
NAME	JOHNSON, CAROLYN		NAME	1				
STREET ADDRESS	1321 PARKWOOD ST.		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	٠		÷ +		
TITLE	ST	☐ Delete	TITLE		<u> </u>	☐ Change	Addition	
NAME	BURGESS, VERNICE		NAME	1				
STREET ADDRESS	1004 N GARDEN AVE		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		_			
TITLE	D	□ Delete	TITLE			☐ Change	Addition	
NAME	BURGESS, WILLIE P		NAME	ļ				
STREET ADDRESS	1004 N. GARDEN AVENUE		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME	}		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS	ł				
CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

FILED

May 30, 2000 8:00 am Secretary of State

05-30-2000 90074 038 ****61.25

Daytime Phone #