

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N21355 (5)**  
1. Corporation Name  
**BELIEVERS FELLOWSHIP INTERNATIONAL, INCORPORATED**



Principal Place of Business: P.O. BOX 300376, FERN PARK FL 32730  
Mailing Address: P.O. BOX 300376, FERN PARK FL 32730

3. Date Incorporated or Qualified: **06/29/1987**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **59-2844279**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**MCCLENDON, JAMES C II**  
**969 E. ALTAMONTE DR.**  
**ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEST, CHARLES W	
STREET ADDRESS	216 LOCHLOW DR.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GREGORY, JAMES	
STREET ADDRESS	715 BISTLINE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEST, BARBARA	
STREET ADDRESS	216 LOCHLOW DR.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALLEN R. FOSTER	
1.3 STREET ADDRESS	1501 LAKE DR.	
1.4 CITY-ST-ZIP	CASSBERRY, FL 32707	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEST, CHARLES W	
2.3 STREET ADDRESS	216 Lochlow Dr.	
2.4 CITY-ST-ZIP	SANFORD, FL 32773	
3.1 TITLE	TD - SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEST BARBARA	
3.3 STREET ADDRESS	216 Lochlow Dr.	
3.4 CITY-ST-ZIP	SANFORD, FL 32773	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara C. West **BARBARA C. WEST** **3-6-96** **407-321-0927**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)