2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am **DOCUMENT # N24759 Secretary of State** 03-19-2001 90470 028 ****61.25 BELIEVERS BIBLE FELLOWSHIP, INC. Principal Place of Business Mailing Address 1602 SE OCEAN LANE 1602 SE OCEAN LANE C0035123 C/O DANIEL LATCHMAN C/O DANIEL LATCHMAN PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0061610 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LATCHMAN, DANIEL 1602 SE OCEAN LANE PORT ST. LUCIE FL 34983 Zip Code 8. 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 (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Addition TITLE □ Delete LATCHMAN, DANIEL NAME NAME STREET ADDRESS 1602 SE OCEAN LANE STREET ADDRESS CITY-ST-ZIP PORT ST.LUCIE FL 34983 CITY-ST-ZIP TITLE Delete TITLE Change Addition MURPHY, NEVILLE NAME NAME STREET ADDRESS STREET ADDRESS 591 SE RONRICOTER CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34983 Secretary MURPHY, IAN 591 SE RON RICO TER. Change ☐ Addition Delete TITLE TITLE VEIRA, SAMUEL NAME NAME STREET ADDRESS STREET ADDRESS 1556 SE OCEAN LANE PORT ST. LUCIE FL 34983 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME

12. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

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