

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90467 029 ****61.25

DOCUMENT # 00000000
1. Entity Name
BELIEVERS BIBLE FELLOWSHIP
N24759

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1602 SE OCEAN LN**
Suite, Apt. #, etc.
3. Mailing Address **1602 SE Ocean Ln.**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **FL** Zip **34983** Country **USA.**
City & State **FL** Zip **34983** Country **U.S.A**

4. FEI Number **65-0061610**
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Daniel Latchman**
Street Address (P.O. Box Number is Not Acceptable)
1602 SE OCEAN LN
City **PORT SAINT LUCIE FL** Zip Code **34983**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

"D"
TITLE NAME **P - Daniel Latchman**
STREET ADDRESS **1602 SE Ocean Ln**
CITY-ST-ZIP **PSL FL 34983**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

"D"
TITLE NAME **T - Joshua Godfrey**
STREET ADDRESS **561 SE Walters Terr.**
CITY-ST-ZIP **PSL FL 34983**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

"T"
TITLE NAME **S - Ravikiran Latchman**
STREET ADDRESS **1602 SE Ocean Ln**
CITY-ST-ZIP **PSL FL 34983**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowerments.

SIGNATURE: **Daniel Latchman**
DANIEL LATCHMAN (P/AGENT) **4/8/02** **(772) 878-4591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)