


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90008 047 ****61.25

DOCUMENT # N24759
 1. Entity Name
BELIEVERS BIBLE FELLOWSHIP, INC.



Principal Place of Business: **1602 SE OCEAN LANE PORT ST. LUCIE FL 34983**
 Mailing Address: **1602 SE OCEAN LANE PORT ST. LUCIE FL 34983**

J4U1G14U



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **65-0061610**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~LATCHMAN, DANIEL~~
1602 SE OCEAN LANE
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent
 Name: **NEVILLE MURPHY**
 Street Address (P.O. Box Number is Not Acceptable):
591 SE RON RICO TERR.
 City: **Port ST 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: LATCHMAN, DANIEL STREET ADDRESS: 1602 SE OCEAN LANE CITY-ST-ZIP: PORT ST. LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: GODFREY, JOSHUA STREET ADDRESS: 561 SE WALTERS TER. CITY-ST-ZIP: PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE: SD NAME: LATCHMAN, RAVIKIRAN STREET ADDRESS: 1602 SE OCEAN LN CITY-ST-ZIP: PORT ST. LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MURPHY, NEVILLE STREET ADDRESS: 591 SE RON RICO TERR CITY-ST-ZIP: PORT ST LUCIE FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: LOCKWOOD, RICHARD STREET ADDRESS: 413 S.W. DANIFF ST. CITY-ST-ZIP: PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Neville Murphy* **02-21-04 772-343-7305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #