



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90028 029 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 458 SE VOLTAIR TERRACE		Suite, Apt. #, etc. 458 SE VOLTAIR TERRACE	
City & State PORT SAINT LUCIE FLORIDA		City & State PORT SAINT LUCIE FLORIDA	
Zip 34983		Zip 34983	
Country PORT ST LUCIE		Country PORT ST LUCIE	
4. FEI Number 65-0061610		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURPHY, NEVILLE 458 SE VOLTAIR TERRACE PORT SAINT LUCIE, FL 34983		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, NEVILLE 458 SE VOLTAIR TERRACE PORT SAINT LUCIE, FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY NEVILLE 458 SE VOLTAIR TERRACE PORT ST LUCIE FLORIDA 34983
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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 exemptions contained in Chapter 119, 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 DIRECTOR AGENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 03-25-08 Define Phone #: 772 528 5955	