

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24759

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: BELIEVERS BIBLE FELLOWSHIP, INC.

**Current Principal Place of Business:**

458 SE VOLTAIR TERR  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

458 SE VOLTAIR TERR  
PORT SAINT LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 65-0061610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, NEVILLE  
458 SE VOLTAIR TERRACE  
PORT SAINT LUCIE, FL 34983      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MURPHY, NEVILLE  
Address: 458 SE VOLTAIR TERR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T      ( ) Delete  
Name: MURPHY, IAN  
Address: 458 SE VOLTAIR TERRACE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SD      ( ) Delete  
Name: LATCHMAN, DANIEL  
Address: 1602 SE OCEAN LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: LATCHMAN, DANIEL  
Address: 8016 KIAWAH TR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEVILLE MURPHY - PRESIDENT, REGISTERED AGE

PD

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date