FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44623 (9)

1. Corporation Name

THE BELIEVER'S EXAMPLE CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
5367 NOB HILL ROAD SUNRISE FL 33351	5367 NOB HILL ROAD SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 01/28/1994
4. FEI Number: 65-0272223 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCRAY, CHARISTOPHER H.
11558 NW 43 COURT
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: MCCRAY, CHRISTOPHER H.
82 Street Address (P.O. Box Number is Not Acceptable): 8150 Cleary Blvd., #1504
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCCRAY, CHRISTOPHER H	1.2 NAME	MCCRAY, CHRISTOPHER H.	
STREET ADDRESS	11556 NW 43 COURT	1.3 STREET ADDRESS	8150 Cleary Blvd., #1504	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MCCRAY, MILDRED B	2.2 NAME	MCCRAY, MILDRED B.	
STREET ADDRESS	11556 NW 43 COURT	2.3 STREET ADDRESS	8150 Cleary Blvd., #1504	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BROWN, SHEILA	3.2 NAME	BROWN, SHEILA	
STREET ADDRESS	1130 NW 15TH COURT	3.3 STREET ADDRESS	4634 NW 58 Ct.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	Tamarac, FL 33319	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWN, RICKEY	4.2 NAME	BROWN, RICKEY	
STREET ADDRESS	1130 NW 15TH COURT	4.3 STREET ADDRESS	4634 NW 58 Ct.	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	M	5.1 TITLE	M	☒ Change ☐ Addition
NAME	DAVIS, KENNY	5.2 NAME	DAVIS, KENNY	
STREET ADDRESS	7160 NW 47TH PLACE	5.3 STREET ADDRESS	7160 NW 47 PL.	
CITY-ST-ZIP	LAUDERHILL FL 33319	5.4 CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	S	6.1 TITLE	S	☒ Change ☐ Addition
NAME	STEVENS, KIM	6.2 NAME	MEIKLE, NICOLE A.	
STREET ADDRESS	7080 NW 20TH COURT	6.3 STREET ADDRESS	8107 NW 72 Ave.	
CITY-ST-ZIP	SUNRISE FL 33313	6.4 CITY-ST-ZIP	TAMARAC, FL 33321	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/20/95 572-8171
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010426