

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**Jul 31 1996 8:00 am**  
**Secretary of State**

**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**

3. Date Incorporated or Qualified **08/12/1991**      3a. Date of Last Report **04/28/1995**  
 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**  
 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 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
 22 City & State      27 City & State  
 23 Zip      28 Zip      Country      29 Country      30 Country

**9. Name and Address of Current Registered Agent**  
**MCCRAY, CHARISTOPHER H.**  
**8150 CLEARY BLVD**  
**SUITE 1504**  
**PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MCCRAY, CHRISTOPHER H</b>
STREET ADDRESS	<b>8150 CLEARY BLVD., #1504</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MCCRAY, MILDRED B</b>
STREET ADDRESS	<b>8150 CLEARY BLVD., #1504</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, SHEILA</b>
STREET ADDRESS	<b>4634 NW 58 CT</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BROWN, RICKEY</b>
STREET ADDRESS	<b>4634 NW 58 CT</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	<b>M</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, KENNY</b>
STREET ADDRESS	<b>7160 NW 47TH PLACE</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MEKLE, NICOLE A</b>
STREET ADDRESS	<b>8107 NW 72 AVE</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>FASHAW, GREGORY</b>
1.3 STREET ADDRESS	<b>322 SW 6th COURT</b>
1.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33444</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JOHNSON, MARVIN</b>
2.3 STREET ADDRESS	<b>11400 NW 24th STREET</b>
2.4 CITY-ST-ZIP	<b>PLANTATION, FL 33323</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>THOMPSON, JENNIFER</b>
3.3 STREET ADDRESS	<b>92 PLEASANT HILL LANE</b>
3.4 CITY-ST-ZIP	<b>TAMARAC, FL 33319</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:** \_\_\_\_\_ **REQUIRED**      **7-25-96**      **(954) 572-8191**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (3/96)