

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 **5367 NOB HILL ROAD**
SUNRISE FL 33351 **SUNRISE FL 33351**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1991		3a. Date of Last Report 04/28/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0272223		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCRAY, CHRISTOPHER H	1.2 NAME	FASHAW, GREGORY
STREET ADDRESS	8150 CLEARY BLVD., #1504	1.3 STREET ADDRESS	322 SW 6th COURT
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	DELRAY BEACH, FL 33444
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCRAY, MILDRED B	2.2 NAME	JOHNSON, MARVIN
STREET ADDRESS	8150 CLEARY BLVD., #1504	2.3 STREET ADDRESS	11400 NW 24th STREET
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	PLANTATION, FL 33323
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, SHEILA	3.2 NAME	THOMPSON, JENNIFER
STREET ADDRESS	4634 NW 58 CT	3.3 STREET ADDRESS	92 PLEASANT HILL LANE
CITY - ST - ZIP	TAMARAC FL	3.4 CITY - ST - ZIP	TAMARAC, FL 33319
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RICKEY	4.2 NAME	
STREET ADDRESS	4634 NW 58 CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	4.4 CITY - ST - ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, KENNY	5.2 NAME	
STREET ADDRESS	7160 NW 47TH PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL 33319	5.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIKLE, NICOLE A	6.2 NAME	
STREET ADDRESS	8107 NW 72 AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)