## FILE NOW: FILING FEE IS $61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1997**

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

# FILED
## May 19 1997 8:00am
## 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<br>SUNRISE FL 33351 | 5367 NOB HILL ROAD<br>SUNRISE FL 33351-4751 |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 08/12/1991 | 07/31/1996 |

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-0272223 | Applied For / Not Applicable |
|---|---|---|---|
| 21 | 26 | | |

| Suite, Apt. #, etc | Suite, Apt. #, etc. | 5. Certificate of Status Desired | $8.75 Additional Fee Required |
|---|---|---|---|
| 22 | 27 | | |

| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
|---|---|---|---|
| 23 | 28 | | |

| Zip | Country | Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  ☐ Yes  ☒ No |
|---|---|---|---|---|
| 24 | 25 | 29 | 30 | |

**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: *Christopher McCray* / Christopher McCray     (NOTE) Registered Agent signature required when reinstating     DATE 4-4-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **PD** ☐ DELETE<br>NAME **MCCRAY, CHRISTOPHER H**<br>STREET ADDRESS **8150 CLEARY BLVD., #1504**<br>CITY-ST-ZIP **PLANTATION FL** | | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE **VD** ☐ DELETE<br>NAME **MCCRAY, MILDRED B**<br>STREET ADDRESS **8150 CLEARY BLVD., #1504**<br>CITY-ST-ZIP **PLANTATION FL** | | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE **SD** ☐ DELETE<br>NAME **BROWN, SHEILA**<br>STREET ADDRESS **4634 NW 58 CT**<br>CITY-ST-ZIP **TAMARAC FL** | | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE **D** ☐ DELETE<br>NAME **THOMPSON, JENNIFER**<br>STREET ADDRESS **92 PLEASANT HILL LANE**<br>CITY-ST-ZIP **TAMARAC FL** | | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE **D** ☐ DELETE<br>NAME **JOHNSON, MARVIN**<br>STREET ADDRESS **11400 NW 24TH STREET**<br>CITY-ST-ZIP **PLANTATION FL** | | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE **D** ☐ DELETE<br>NAME **FASHAW, GRGEORY**<br>STREET ADDRESS **322 SW 6TH COURT**<br>CITY-ST-ZIP **DELRAY BEACH FL** | | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(xi), 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: *Christopher McCray* / Christopher McCray     Date 4-2-97     Daytime Phone # (954) 522 8171     0037604