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 MAR 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47821 (6)

1. Corporation Name
THE BELIEVERS IN CHRIST MINISTRIES, INC.

Principal Place of Business	Mailing Address
7313 ROLLING HILL RD PENSACOLA FL 32505	P.O. BOX 1042 CANTONMENT FL 32533-2042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3104527 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WIGGINS, BETTIE JONES
2134 HOLLYHILL ROAD
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name: DENISE D. SAMUEL
82 Street Address (P.O. Box Number is Not Acceptable): 1135 WOODLAKE DRIVE
83
84 City: CANTONMENT FL 85 Zip Code: 32533

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: DENISE SAMUEL — Denise Samuel — 3/15/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, PAUL D.	1.2 NAME	
STREET ADDRESS	1903 WEST GARDEN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JIMMIE	2.2 NAME	
STREET ADDRESS	1144 BARTH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WEADEN, EVELYN	3.2 NAME	
STREET ADDRESS	394 WELCOME CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	WIGGINS, BETTIE	4.2 NAME	D
STREET ADDRESS	2134 HOLLYHILL ROAD	4.3 STREET ADDRESS	ALEX R. FRAY VA
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PO BOX 1211 GONGLAES, FL 32560
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WEADEN, JOSEPH L.	5.2 NAME	
STREET ADDRESS	394 WELCOME CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: PAUL D. ROSS — 3-20-95 — 904-432-9187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071670