

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90004 001 ****61.25

DOCUMENT # N47821

1. Entity Name

THE BELIEVERS IN CHRIST MINISTRIES, INC.

Principal Place of Business

**7313 ROLLING HILL RD
PENSACOLA FL 32505**

Mailing Address

**P.O. BOX 1042
CANTONMENT FL 32533-2042**



A0078150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3104527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAMUEL, DENISE D
1135 WOODLAKE DRIVE
CANTONMENT FL 32533**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **ROSS, PAUL D.**
STREET ADDRESS **1903 WEST GARDEN STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **TR** ☐ Delete
NAME **SMITH, JIMMIE**
STREET ADDRESS **1144 BARTH LANE**
CITY-ST-ZIP **CANTONMENT FL**

TITLE **TR** ☐ Delete
NAME **WEADEN, EVELYN**
STREET ADDRESS **394 WELCOME CIRCLE**
CITY-ST-ZIP **CANTONMENT FL**

TITLE **TR** ☐ Delete
NAME **FRAY, ALEX R.**
STREET ADDRESS **PO BOX 1211 N/A**
CITY-ST-ZIP **GONGLAES FL**

TITLE **TR** ☐ Delete
NAME **WEADEN, JOSEPH L.**
STREET ADDRESS **394 WELCOME CIRCLE**
CITY-ST-ZIP **CANTONMENT FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul D. Ross **PAUL D. ROSS** 11/18/01 (850) 432-9187

CR2E037 (10/00)