

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47821

1. Entity Name

THE BELIEVERS IN CHRIST MINISTRIES, INC.

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90200 038 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7313 ROLLING HILL RD  
PENSACOLA FL 32505

P.O. BOX 1042  
CANTONMENT FL 32533-2042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

SAMUEL, DENISE D  
1135 WOODLAKE DRIVE  
CANTONMENT FL 32533

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	ROSS, PAUL D.	
STREET ADDRESS	1903 WEST GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SMITH, JIMMIE	
STREET ADDRESS	1144 BARTH LANE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WEADEN, EVELYN	
STREET ADDRESS	304 WELCOME CIRCLE 1782 CONDOR DRIVE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FRAY, ALEX R.	
STREET ADDRESS	PO BOX 1211 N/A 300 BOBWHITE DRIVE	
CITY-ST-ZIP	GONZALES FL PENSACOLA, FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WEADEN, JOSEPH L.	
STREET ADDRESS	304 WELCOME CIRCLE 1782 CONDOR DRIVE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* 23 JAN 02 850-432-9187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)