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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:33

DOCUMENT # N49474 (2)

1. Corporation Name

BELIEVERS' ASSEMBLY OF SOUTH FLORIDA INC.

Principal Place of Business	Mailing Address
6565 STIRLING ROAD DAVIE FL 33314	6565 STIRLING ROAD DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0393453 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

THOMAS, GEORGE
2931 OSLA AVE.
COPPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name: K. M. JOHN
82 Street Address (P.O. Box Number is Not Acceptable):
83: 2325 N.W. 95TH TERRACE
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: [signature] K. M. JOHN 03-19-95
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	JACOB, SAM	1.2 NAME	
STREET ADDRESS	63335 HAWKES BLUFF AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33331	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	K. M. JOHN ☒ Change ☐ Addition
NAME	GEORGE, THOMAS	2.2 NAME	
STREET ADDRESS	2931 OSLO AVE.	2.3 STREET ADDRESS	2325 N.W. 95TH TERRACE
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D	3.1 TITLE	E. C. Samuel ☒ Change ☐ Addition
NAME	MATHEW, THOMAS	3.2 NAME	
STREET ADDRESS	11614 SW 54 ST.	3.3 STREET ADDRESS	1735 Lakeshore Circle
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	Ft. Laud. Fl. 33326
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KURURILLA, THOMAS	4.2 NAME	
STREET ADDRESS	2003 CORAL RIDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KORAH, MAMMEN P	5.2 NAME	
STREET ADDRESS	517 LAKESIDE CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	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: [signature] MAMMEN P. KORAH 3-19-95 (305) 384-2557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001A07