2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91050 014 ****61.25

DOCUMENT # N49474

1. Entity 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

04202004 Chg-NP CR2E037 (10/03)

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 65-0393453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAMUEL, E.C.
1735 LAKESHORE CIR.
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name MATHEW JOHN
Street Address (P.O. Box Number is Not Acceptable) 2325 N.W. 95th TERRACE
City CORAL SPRINGS FL Zip Code 33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (MATHEW JOHN) 04.20.04
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARCHESE, BENJAMIN 14225 NW 18TH PL PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAMMEN, THOMAS 3277 CORAL RIDGE DR. CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THOMAS GEORGE 2931 OSLO AVE COOPER CITY, FL 33026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEW, JOHN 2325 NW 95 TERRACE CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMUEL, E.C. 1735 LAKESHORE CIR. WESTON, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PHILIP GEORGE 11030 S.W. 12 CT PEMBROKE PINES, FL 33025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, SAMUEL P 2384 NW 97TH LN. CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JACKSON POULOSE 15031 S.W. 9TH ST SUNRISE, FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN, R.K 2384 NW 97TH LN. CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAM JACOB 6335 HAWKS BLUFF AVE DAVIE, FL 33331	☐ Change ☒ Addition

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 (MATHEW JOHN) 04.20.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #