

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49474

FILED
Mar 20, 2007
Secretary of State

Entity Name: BELIEVERS' ASSEMBLY OF SOUTH FLORIDA INC.

Current Principal Place of Business:

6565 STIRLING ROAD
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6565 STIRLING ROAD
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0393453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIP, MATHAI
15220 DURHAM LANE
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

MATTHEW, ABRAHAM
337 NW 159TH AVENUE
PEMBROKE PINES, FL 33028 US

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: ABRAHAM MATTHEW

03/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATHEW, ABRAHAM
Address: 337 NW 159TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: KORAH, MAMMEN
Address: 15561 BRIARWOOD MANOR
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: KURUVILLA, THOMAS
Address: 16241 OPAL CREEK DRIVE
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: MAMMEN, ABRAHAM
Address: 11935 NW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: THOMAS, ABEY
Address: 6353 WILLOUGHBY CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: DANIEL, GODLY
Address: 10260 GROVE LANE
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAMUEL, SAJI
Address: 11481 NW 49TH DR.
City-St-Zip: CORAL SPRINGS, FL 33076

Title: T (X) Change () Addition
Name: KORAH, MAMMEN
Address: 15561 BRIARWOOD MANOR
City-St-Zip: DAVIE, FL 33331

Title: V (X) Change () Addition
Name: GEORGE, PHILIP
Address: 11030 SW 12TH CT.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: THOMAS, ABEY
Address: 6353 WILLOUGHBY CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAMMEN KORAH

T

03/20/2007

Electronic Signature of Signing Officer or Director

Date