


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M93000002366 1. Entity Name BELIEVER'S OF CHRIST TEMPLE MINISTRIES, INC.	
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Principal Place of Business 9605 GISBORNE DR. JACKSONVILLE FL 32208	Mailing Address 9605 GISBORNE DR. JACKSONVILLE FL 32208
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-3184927	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRADLEY, MARGAREE 9605 GISBORNE DR. JACKSONVILLE FL 32208	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Margaree Bradley Margaree Bradley 2-2-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when generating) DATE

FILE NOW: 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DRINKS, MICHAEL <input type="checkbox"/> Delete 2062 POST ST. JACKSONVILLE FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THORNTON, ANDREA <input type="checkbox"/> Delete 6240 HOLLY BAY DR. JACKSONVILLE FL 32411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARNEY, LANEY <input type="checkbox"/> Delete 7524 REED ST. JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;"> U00000034006 02/05/04-80067-002 61.25 </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael L. Drinkes Michael L. Drinkes 2/2/04 (904) 786-9096
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON AUTHORIZED TO SIGN