


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000002366</b> 1. Entity Name <b>BELIEVER'S OF CHRIST TEMPLE MINISTRIES, INC.</b>	
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Principal Place of Business <input type="checkbox"/> <b>9605 GIBBORNE DR. JACKSONVILLE FL 32208</b>	Mailing Address <input type="checkbox"/> <b>9605 GIBBORNE DR. JACKSONVILLE FL 32208</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address				
Suite, Apt #, etc.	Suite, Apt #, etc.	City & State	City & State	Zip	Country

4. FEI Number <b>59-3184927</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BRADLEY, MARGAREE 9605 GIBBORNE DR. JACKSONVILLE FL 32208</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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* 2-2-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete <b>DRINKS, MICHAEL</b> 2062 POST ST. JACKSONVILLE FL 32204
TITLE	VD <input type="checkbox"/> Delete <b>THORNTON, ANDREA</b> 6240 HOLLY BAY DR. JACKSONVILLE FL 32411
TITLE	STD <input type="checkbox"/> Delete <b>BARNEY, LANEY</b> 7524 REED ST. JACKSONVILLE FL 32208
TITLE	_____ <input type="checkbox"/> Delete
TITLE	_____ <input type="checkbox"/> Delete
TITLE	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000219192 02/08/05-80017-025 61.25
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <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)(f), 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. Drink* *Michael L. Drink* 2-2-05 904-786-9096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #