


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002366 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	3. Mailing Address	4. FEI Number 59-3184927
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

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 _____

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* **1-23-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

UN00000401421
02/02/06-80041-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of Block 1 if changed, or on an attachment with an address, with all other like empowered.