

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002904 (0)

1. Corporation Name

THE BELIEVER'S WORSHIP CENTER, OUTREACH MINISTRIES, INC.



Principal Place of Business

Mailing Address

702 NE 25TH STREET
GAINESVILLE FL 32601

702 NE 25TH STREET
GAINESVILLE FL 32601

3. Date Incorporated or Qualified
06/08/1994

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, WILLIAM J
702 NE 25TH STREET
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME BROWN, WILLIAM J
STREET ADDRESS 702 NE 25TH STREET
CITY-ST-ZIP GAINESVILLE FL 32601

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME BROWN, GAIL D
STREET ADDRESS 702 NE 25TH STREET
CITY-ST-ZIP GAINESVILLE FL 32601

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME MCCRAY, DARRELL F
STREET ADDRESS POST OFFICE BOX 1208
CITY-ST-ZIP ALACHUA FL 32615

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME WHITE, DOROTHY
STREET ADDRESS 1015 NE 22ND STREET
CITY-ST-ZIP GAINESVILLE FL 32601-4759

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME MILLER, BRENDA
STREET ADDRESS 309 SW 16TH AVENUE APT. 102
CITY-ST-ZIP GAINESVILLE FL 32601-4759

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William J. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/96

352-371-6984

Daytime Phone #

CR2E037 (12/95)