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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32641-5915**

3. Date Incorporated or Qualified
06/08/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

TITLE **PD** ☐ DELETE
NAME **BROWN, WILLIAM J**
STREET ADDRESS **702 NE 25TH STREET**
CITY - ST - ZIP **GAINESVILLE FL 32601**

TITLE **VD** ☐ DELETE
NAME **BROWN, GAIL D**
STREET ADDRESS **702 NE 25TH STREET**
CITY - ST - ZIP **GAINESVILLE FL 32601**

TITLE **VD** ☒ DELETE
NAME **MCCRAY, DARRELL F**
STREET ADDRESS **POST OFFICE BOX 1208**
CITY - ST - ZIP **ALACHUA FL 32615**

TITLE **SD** ☐ DELETE
NAME **WHITE, DOROTHY**
STREET ADDRESS **1015 NE 22ND STREET**
CITY - ST - ZIP **GAINESVILLE FL 32601-4759**

TITLE **TD** ☐ DELETE
NAME **MILLER, BRENDA**
STREET ADDRESS **309 SW 18TH AVENUE APT. 102**
CITY - ST - ZIP **GAINESVILLE FL 32601-4759**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VD JONES, DON**
3.3 STREET ADDRESS **1915 S.W. 73RD TERR.**
3.4 CITY - ST - ZIP **GAINESVILLE, FL 32607**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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

Daytime Phone #0011589

CR2E037 (9/96)