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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001576 (6)

1. Corporation Name

BELIEVERS OF AUTHORITY MINISTRIES, INC.



Principal Place of Business: 3642 THOMAS AVE MIAMI FL 33133
Mailing Address: 3642 THOMAS AVE MIAMI FL 33133

3. Date Incorporated or Qualified: 03/31/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0571-004
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21-24: 3642 THOMAS AVE MIAMI FL 33133
26-30: 3642 THOMAS AVE MIAMI FL 33133

9. Name and Address of Current Registered Agent: CHAMBERS, JOHN H, 3642 THOMAS AVE, MIAMI FL 33133
10. Name and Address of New Registered Agent (81-85): [Blank]

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS (1-6)
1.1 TITLE: P, NAME: JOHN H CHAMBERS, ADDRESS: 3642 THOMAS AV, MIA FL 33133
1.2 TITLE: VP, NAME: LUIS AVILA, ADDRESS: 11300 NW 6TH ST, MIA FL 33172
1.3 TITLE: S, NAME: MIA DAVIS, ADDRESS: 10820 SW 200TH DR APT 152, MIA FL 33157
1.4 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
1.5 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
1.6 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (7-12)
2.1 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
2.2 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
2.3 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
2.4 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
3.1 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
3.2 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
3.3 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
3.4 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
4.1 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
4.2 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
4.3 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
4.4 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
5.1 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
5.2 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
5.3 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
5.4 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
6.1 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
6.2 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
6.3 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]
6.4 TITLE: [Blank], NAME: [Blank], ADDRESS: [Blank]

Please see attached sheet

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)(b), 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: *John H Chambers* DATE: 1/26/96 (305) 442-7339
JOHN H CHAMBERS, PRESIDENT

CR2E037 (12/95)



Believers of Authority Ministries

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LIST OF ADDITIONAL OFFICERS:

BOARD OF DIRECTOR

MYA JONES
1515 10th Ave. E.
PALMETTO, FL 34221

TREASURER

CHERYL RUSSELL
224 WASHINGTON Dr.
MIAMI, FL 33133

BOARD OF DIRECTOR

JOAN C. MONTGOMERY
7931 MACKENZIE St.
NEW ORLEANS, LA 70127