

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001576 (6)**  
1. Corporation Name  
**BELIEVERS OF AUTHORITY MINISTRIES, INC.**



Principal Place of Business <b>3642 THOMAS AVE MIAMI FL 33133</b>	Mailing Address <b>3642 THOMAS AVE MIAMI FL 33133</b>
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3. Date Incorporated or Qualified <b>03/31/1995</b>		
4. FEI Number <b>65-0571004</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>CHAMBERS, JOHN H 3642 THOMAS AVE MIAMI FL 33133</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Jeanette L. Chambers</b>	85 Zip Code <b>33133</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3642 Thomas Avenue</b>	
83	
84 City <b>Miami</b>	FL

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: *Jeanette Chambers* DATE: **4-29-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P CHAMBERS, JOHN H.</b>	1.2 NAME	
STREET ADDRESS	<b>3642 THOMAS AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP AVILA, LUIS</b>	2.2 NAME	
STREET ADDRESS	<b>1300 NW 8TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S DAVIS, MIA</b>	3.2 NAME	
STREET ADDRESS	<b>10820 SW 200TH DR., APT. 152</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D JONES, MYA</b>	4.2 NAME	
STREET ADDRESS	<b>1515 10TH AVE. E.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T RUSSELL, CHERYL</b>	5.2 NAME	
STREET ADDRESS	<b>224 WASHINGTON DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MONTGOMERY, JOAN C.</b>	6.2 NAME	
STREET ADDRESS	<b>7931 MACKENZIE ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA 70127</b>	6.4 CITY-ST-ZIP	

14. I 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: *Joan S. Montgomery* DATE: **04-29-98** 305 443-1337

CR2E037 (10/97)