

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90001 011 ****61.25

0029947

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001576

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/31/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0571004	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHAMBERS, J L 3642 THOMAS AVE MIAMI FL 33133				81 Name	JEANETTE Chambers		
				82 Street Address (P.O. Box Number is Not Acceptable)	3642 THOMAS Avenue		
				83			
				84 City	MIAMI	85 State	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, JOHN H.	1.2 NAME	
STREET ADDRESS	3642 THOMAS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILA, LUIS	2.2 NAME	
STREET ADDRESS	1300 NW 6TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MIA	3.2 NAME	
STREET ADDRESS	10820 SW 200TH DR., APT. 152	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MYA	4.2 NAME	
STREET ADDRESS	1515 10TH AVE. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, CHERYL	5.2 NAME	
STREET ADDRESS	224 WASHINGTON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, JOAN C.	6.2 NAME	
STREET ADDRESS	7931 MACKENZIE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70127	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 as an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 5/2/99 DAYTIME PHONE: (305) 461-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)