

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90057 014 ****61.25

DOCUMENT # N95000001576

1. Entity Name

BELIEVERS OF AUTHORITY MINISTRIES, INC.

Principal Place of Business

Mailing Address

3642 THOMAS AVE
 MIAMI FL 33133

3642 THOMAS AVE
 MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0571004

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERS, JEANETTE
3642 THOMAS AVE
MIAMI FL 33133

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Jeanette Chambers

4-14-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAMBERS, JOHN H.	
STREET ADDRESS	3642 THOMAS AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AVILA, LUIS	
STREET ADDRESS	1300 NW 6TH ST.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, MIA	
STREET ADDRESS	10820 SW 200TH DR., APT. 152	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, MYA	
STREET ADDRESS	1515 10TH AVE. E.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUSSELL, CHERYL	
STREET ADDRESS	224 WASHINGTON DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JOAN C.	
STREET ADDRESS	7931 MACKENZIE ST.	
CITY-ST-ZIP	NEW ORLEANS LA 70127	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Jeanette Chambers

Date

4-14-02

Daytime Phone #

CR2E037 (9/01)