


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000001576**

1. Entity Name  
 BELIEVERS OF AUTHORITY MINISTRIES, INC.



Principal Place of Business      Mailing Address

3642 THOMAS AVE      3642 THOMAS AVE  
 MIAMI, FL 33133      MIAMI, FL 33133

**DO NOT WRITE IN THIS SPACE**



01292005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 65-0571004      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, JEANETTE  
 3642 THOMAS AVE  
 MIAMI, FL 33133

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

U00000297522  
 04/11/05-80029-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John H. Chambers      Date: 4-7-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #