

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001576

FILED  
May 08, 2008  
Secretary of State

Entity Name: BELIEVERS OF AUTHORITY MINISTRIES, INC.

**Current Principal Place of Business:**

3642 THOMAS AVE  
MIAMI, FL 33133

**New Principal Place of Business:**

3642 THOMAS AVE  
MIAMI, FL 33133 US

**Current Mailing Address:**

POST OFFICE BOX 330763  
MIAMI, FL 33233

**New Mailing Address:**

POST OFFICE BOX 330763  
MIAMI, FL 33233 US

FEI Number: 65-0571004      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHAMBERS, JEANETTE  
3642 THOMAS AVE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHAMBERS, JOHN H  
Address: 3642 THOMAS AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: AVILA, LUIS  
Address: 11300 NW 6TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: VP ( ) Delete  
Name: CHAMBERS, JEANETTE  
Address: 3642 THOMAS AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: JONES, MAYA  
Address: 1515 10TH AVE. E.  
City-St-Zip: PALMETTO, FL 34221

Title: T ( ) Delete  
Name: RUSSELL, CHERYL  
Address: 224 WASHINGTON DR.  
City-St-Zip: MIAMI, FL 33133

Title: S ( ) Delete  
Name: CHAMBERS, JOAN C  
Address: 3642 THOMAS AVENUE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN CHAMBERS

S

05/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date