

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001576

FILED
May 02, 2009
Secretary of State

Entity Name: BELIEVERS OF AUTHORITY MINISTRIES, INC.

Current Principal Place of Business:

3642 THOMAS AVE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 330763
MIAMI, FL 33233 US

New Mailing Address:

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
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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 C. CHAMBERS

S

05/02/2009

Electronic Signature of Signing Officer or Director

_____ Date