

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001576

**FILED**  
**Apr 29, 2011**  
**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)**

**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  
Name: CHAMBERS, JOHN H  
Address: 3642 THOMAS AVENUE  
City-St-Zip: MIAMI, FL 33133

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

Title: T  
Name: GREEN, ANITA  
Address: 6241 S.W. 78TH STREET #204  
City-St-Zip: MIAMI, FL 33143

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

Title: D  
Name: RUSSELL, CHERYL  
Address: 224 WASHINGTON DR.  
City-St-Zip: MIAMI, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: JOAN CHAMBERS

S

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date