


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000003442 (9)**

1. Corporation Name

BELIEVERS AND ACHIEVERS INTERNATIONAL, INC.



Principal Place of Business 4411 N.W. 13TH CT LAUDERHILL FL 33313	Mailing Address 4411 N.W. 13TH CT LAUDERHILL FL 33313
---	---

3. Date Incorporated or Qualified

07/19/1995

4. FEI Number

65-0597916

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, DEATRICE
4411 N.W. 13TH CT
LAUDERHILL FL 33313**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, DEATRICE L	
STREET ADDRESS	4411 NW 13TH COURT	
CITY - ST - ZIP	LAUDERHILL FL 33313	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HURLEY, MARGARET	
STREET ADDRESS	4050 NW 54 COURT	
CITY - ST - ZIP	COCONUT CREEK FL 33073	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, HENRY	
STREET ADDRESS	777 NW 85TH STREET	
CITY - ST - ZIP	MIAMI FL 33150	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DORSETT-NICHOLSON, JACKIE	
STREET ADDRESS	3510 SW 32ND AVENUE	
CITY - ST - ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, LORAN D	
STREET ADDRESS	4411 NW 13 COURT	
CITY - ST - ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

THOMPSON, DEATRICE L
4411 NW 13 COURT
LAUDERHILL, FL 33313
Secretary

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98
(964) 735-6090
(954) 964-2010

Daytime Phone # **0035184**

CR2E037 (10/97)