

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am  
Secretary of State

04-20-2000 90046 018 \*\*\*\*61.25

DOCUMENT # N95000003669

1. Entity Name

A BELIEVER'S CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

3986 WOODVILLE HWY  
TALLAHASSEE FL 32301  
US

P.O. BOX 38476  
TALLAHASSEE FL 32315-6476  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	HARRISON, WILLIAM HENRY	2119 FAULK DR	TALLAHASSEE FL 32303	<input type="checkbox"/>
D	HARRISON, LINDA K	2119 FAULK DR	TALLAHASSEE FL 32303	<input type="checkbox"/>
D	HOSKINS, CHARLIE	1820 ROCKFORD BLVD	LEHIGH ACRES FL 33936	<input type="checkbox"/>
D	VICKERY, STEVE	2720 NATURAL WELLS DR. NORTH	WOODVILLE FL 32362	<input checked="" type="checkbox"/>
D	VICKERY, BARBARA	2720 NATURAL WELLS DR. NORTH	WOODVILLE FL 32362	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)