

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003669

1. Entity Name

A BELIEVER'S CHURCH, INCORPORATED

Principal Place of Business

2119 FAULK DR
TALLAHASSEE FL 32303
US

Mailing Address

P.O. BOX 38476
TALLAHASSEE FL 32315-8476
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 180425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

32303

Zip

Country

Zip

Country

32318

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, LINDA K
2119 FAULK DR
TALLAHASSEE FL 32303

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

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME HARRISON, WILLIAM HENRY
STREET ADDRESS 2119 FAULK DR
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HARRISON, LINDA K
STREET ADDRESS 2119 FAULK DR
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOSKINS, CHARLIE
STREET ADDRESS 610 GERALD AVE APT 326
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/02 8:00 562-5646

Date

Daytime Phone #

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90036 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)