

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90003 042 \*\*\*\*61.25

**DOCUMENT # N96000000417**

1. Entity Name

**BELIEVER'S TEMPLE OF CHRIST FULL GOSPEL  
CHURCH, INC.**



Principal Place of Business

**8036 N.W. 10TH COURT  
MIAMI FL 33150  
US**

Mailing Address

**5435 NW 182 ST  
MIAMI FL 33055  
US**

44040400



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0637738**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, WILLIE A  
5435 NW 182 ST  
MIAMI FL 33055**

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete

NAME **THOMAS, WILLIE A**  
STREET ADDRESS **5435 NW 182 ST**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **TT** ☐ Delete

NAME **ANDREWS, NELSON**  
STREET ADDRESS **13000 W GOLF DR**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **AFS** ☐ Delete

NAME **SMITH, ATTIE**  
STREET ADDRESS **3871 N.W. 172ND TERR**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **FST** ☒ Delete

NAME **MCCULLOUGH, NASHEBA**  
STREET ADDRESS **2927 NW 192ND LANE**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **D** ☒ Delete

NAME **FERGUSON, VALERIE I**  
STREET ADDRESS **130 NW 193 ST**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **T** ☐ Delete

NAME **THOMAS, DORIS I**  
STREET ADDRESS **5435 NW 182 ST.**  
CITY-ST-ZIP **OPA LOCKA FL 33055**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☒ Addition

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Sandra Andrews**  
**Trustee**  
**13000 W. Golf Drive**  
**MIAMI, FL 33167**

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:**

*Willie A. Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/29/04**

Date

**305-620-1052**

Daytime Phone #