

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 08:00 A**  
**Secretary of State**

**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**



07092006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO THOMAS, WILLIE A 5435 NW 182 ST MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT ANDREWS, NELSON 13000 W GOLF DR MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AFS SMITH, ATTIE 3871 N.W. 172ND TERR MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANDREWS, SANDRA 13000 W. GOLF DRIVE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMAS, DORIS I 5435 NW 182 ST. OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000574936  
08/22/06-80004-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #