

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000417

FILED  
Jan 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

5435 NW 182 ST  
MIAMI, FL 33055 US

**New Mailing Address:**

**FEI Number:** 65-0637738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: THOMAS, WILLIE A  
Address: 5435 NW 182 ST  
City-St-Zip: MIAMI, FL 33055

Title: TT ( ) Delete  
Name: ANDREWS, NELSON  
Address: 13000 W GOLF DR  
City-St-Zip: MIAMI, FL 33167

Title: AFS ( ) Delete  
Name: SMITH, ATTIE  
Address: 3871 N.W. 172ND TERR  
City-St-Zip: MIAMI, FL 33055

Title: T ( ) Delete  
Name: ANDREWS, SANDRA  
Address: 13000 W. GOLF DRIVE  
City-St-Zip: MIAMI, FL 33167

Title: T ( ) Delete  
Name: THOMAS, DORIS I  
Address: 5435 NW 182 ST.  
City-St-Zip: OPA LOCKA, FL 33055

Title: S ( ) Delete  
Name: YOUNG, JUSTINE  
Address: 1830 NW 51 TERRACE  
City-St-Zip: MIAMI, FL 33150

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AFS (X) Change ( ) Addition  
Name: LEWIS, DARLENE  
Address: 5435 NW 182 ST  
City-St-Zip: MIAMI, FL 33055

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE THOMAS

CD

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date