

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90089 010 ****70.00

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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

2. Principal Place of Business

Same as Above

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0637738**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	THOMAS, WILLIE A	
STREET ADDRESS	5435 NW 182 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TT	<input type="checkbox"/> Delete
NAME	ANDREWS, NELSON	
STREET ADDRESS	13000 W GOLF DR	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	AFS	<input type="checkbox"/> Delete
NAME	SMITH, ATTIE	
STREET ADDRESS	3871 N.W. 172ND TERR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	FST	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, NASHEBA	
STREET ADDRESS	2927 NW 192ND LANE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, VALERIE I	
STREET ADDRESS	130 NW-193 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMAS, DORIS I	
STREET ADDRESS	5435 NW 182 ST.	
CITY-ST-ZIP	OPA LOCKA FL 33055	

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Andrews	
STREET ADDRESS	13000 W. Golf Dr	
CITY-ST-ZIP	MIAMI, FL 33167	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Willie A. Thomas 7/21/03 621-2285

CR2E037 (4/03)