

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000007303**

1. Entity Name  
FELLOWSHIP OF BELIEVERS IN CHRIST, INC.



Principal Place of Business  
307 S SPRINGS BLVD  
TARPON SPRINGS, FL 34689

Mailing Address  
307 S SPRINGS BLVD  
TARPON SPRINGS, FL 34689



04232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3550862

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

KLIMIS, GEORGE N  
27 E ORANGE ST  
TARPON SPRINGS, FL 34689

**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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME KLIMIS, MARY  
STREET ADDRESS 305 S SPRINGS BLVD.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D  
NAME WEAVER, MARIANN  
STREET ADDRESS 609 N FLORIDA AVE.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D  
NAME PECK-KLIMIS, YVY  
STREET ADDRESS 307 S SPRINGS BLVD.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE P  
NAME KLIMIS, GEORGE N  
STREET ADDRESS 307 S SPRINGS BLVD.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ST  
NAME BUSCEMA, JONI L  
STREET ADDRESS 8806 CRESCENT FOREST BLVD  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

UD00000738912  
05/14/07-80003-022 61.25

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 #

23 April 07

727-943-9557