

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007303

FILED  
May 19, 2009  
Secretary of State

**Entity Name:** FELLOWSHIP OF BELIEVERS IN CHRIST, INC.

**Current Principal Place of Business:**

307 S SPRINGS BLVD  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

307 S SPRINGS BLVD  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 59-3550862      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KLIMIS, GEORGE N  
27 E ORANGE ST  
TARPON SPRINGS, FL 34689      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: D      ( ) Delete  
Name: KLIMIS, MARY  
Address: 305 S SPRINGS BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D      ( ) Delete  
Name: WEAVER, MARIANN  
Address: 609 N FLORIDA AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D      ( ) Delete  
Name: PECK-KLIMIS, YVY  
Address: 307 S SPRINGS BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P      ( ) Delete  
Name: KLIMIS, GEORGE N  
Address: 307 S SPRINGS BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ST      ( ) Delete  
Name: BUSCEMA, JONI L  
Address: 8806 CRESCENT FOREST BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34654

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

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

Title: D      (X) Change ( ) Addition  
Name: WEAVER, MARIANN  
Address: 4413 PLAZA DRIVE, APT. A-107  
City-St-Zip: HOLIDAY, FL 34691

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: GEORGE N. KLIMIS

PRES

05/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date