

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90114 001 ****61.25

DOCUMENT # N99000002084

1. Entity Name

**BELIEVERS IN CHRIST OUTREACH CHRISTIAN
CENTER, INC.**



Principal Place of Business

**233 NO. FEDERAL HWY, UNIT 57
DANIA FL 33004**

Mailing Address

**233 NO. FEDERAL HWY, UNIT 57
DANIA FL 33004**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2240514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAMBER, JOSEPH
18421 NW 30 AVENUE
OPA LOCKA FL 33056**

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
Due By May 1, 2004**

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

TITLE **ASD** ☐ Delete
NAME **TOUISSANT, CINDY**
STREET ADDRESS **605 NW 177TH STRET # 209**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
NAME **BLAKE, SYLVIA**
STREET ADDRESS **14601 S.W. 297TH STREET**
CITY-ST-ZIP **LEISURE CITY FL 33030**

TITLE **D** ☒ Delete
NAME **CHAMBLER, PAMELA**
STREET ADDRESS **427 N.E. 139TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **P** ☐ Delete
NAME **CHAMBER, JOSEPH**
STREET ADDRESS **18421 NW 30TH AVE.**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **TYP** ☐ Delete
NAME **CHAMBER, ALBERTA**
STREET ADDRESS **18421 NW 30TH AVE.**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **S** ☐ Delete
NAME **WISEMAN, JUELEAN**
STREET ADDRESS **922 OAK STREET**
CITY-ST-ZIP **WAYCROSS GA 31501**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CO. PASTOR EDDIE** ☐ Change ☒ Addition
NAME **RT8 BOX 425A SHARPE JR.**
STREET ADDRESS **WAYCROSS GA. 31503**
CITY-ST-ZIP

TITLE **OFFICE** ☐ Change ☒ Addition
NAME **SHARPE**
STREET ADDRESS **RT8 BOX 425A**
CITY-ST-ZIP **WAYCROSS GA. 31503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Joseph Chamber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Chamber
4-8-04 (305) 622-6667