## 2005 NOT-FOR-PROFIT CORPORATION 🎿 ANNUAL REPORT (AR)

## Apr 15, 2005 8:00 am Secretary of State DOCUMENT # N99000002084 04-15-2005 90095 023 \*\*\*\*61.25 BELIEVERS IN CHRIST OUTREACH CHRISTIAN CENTER, INC. Principal Place of Business Mailing Address 233 NO. FEDERAL HWY, UNIT 57 233 NO. FEDERAL HWY, UNIT 57 DANIA FL 33004 **DANIA FL 33004** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 52-2240514 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAMBER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 18421 NW 30 AVENUE OPA LOCKA FL 33056 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE ☐ Delete TITLE TOUISSANT, CINDY Laenelle Cooper NAME NAME 605 NW 177TH STRET # 209 STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition BLAKE, SYLVIA NAME NAME 14601 S.W. 297TH STREET STREET ADDRESS STREET ADDRESS LEISURE CITY FL 33030 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change **EDDIE, PASTOR** NAME NAME RT 8 BOX 425A SHARPE DR. STREET ADDRESS STREET ADDRESS WAYCROSS GA 31503 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CHAMBER, JOSEPH NAME NAME 18421 NW 30TH AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change Addition CHAMBER, ALBERTA NAME NAME 18421 NW 30TH AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

WISEMAN, JUELEAN

WAYCROSS GA 31501

922 OAK STREET

Change

Addition

**FILED**