2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED May 06, 2008 8:00 am Secretary of State DOCUMENT # N99000002084 1. Entity Name 05-06-2008 90030 021 ****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 - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 52-2240514 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAMBER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 811 S.W. 5TH COURT HALLANDALE BEACH FL 33009 ×. Y 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: R-xt-stered Agent signature required when reinstance) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change C 5 TOUISSANT, CINDY NAME NAME Charlene Shaw 605 NW 177TH STRET # 209 STREET ADDRESS 1231 N.W. 1406 CT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP Fort Lauderdale TITLE ☐ Delete TITLE Addition BLAKE, SYLVIA NAME NAME 14601 S.W. 297TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEISURE CITY FL 33030 CITY-ST-ZIP TITLE CS Delete TITLE Addition Change NAME COOPER, GAENELLE NAME STREET ADDRESS 6517 PINES PKWY STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition CHAMBER, JOSEPH NAME 18421 NW 30TH AVE. STREET ADDRESS STREET ACCRESS CITY-ST-ZIP MIAMI FL 33056 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-782

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CHAMBER, ALBERTA

18421 NW 30TH AVE.

WISEMAN, JUELEAN

WAYCROSS GA 31501

MIAMI FL 33056

922 OAK STREET

☐ Delete

954-458-1461 4-18-08

☐ Change

■ Addition