

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000004379

FILED  
Nov 16, 2009  
Secretary of State

Entity Name: THE BELIEVERS USA, INC.

## Current Principal Place of Business:

8493 BAYMEADOWS WAY #5  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

3721 SAN JOSE PLACE, STE. 1  
JACKSONVILLE, FL 32257

## Current Mailing Address:

8493 BAYMEADOWS WAY #5  
JACKSONVILLE, FL 32256

## New Mailing Address:

3721 SAN JOSE PLACE, STE. 1  
JACKSONVILLE, FL 32257

FEI Number: 59-3587368

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:

BEEHNER, JOHN  
8493 BAYMEADOWS WAY #5  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

BEEHNER, JOHN  
3721 SAN JOSE PLACE, STE. 1  
JACKSONVILLE, FL 32257 US

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: JOHN BEEHNER

11/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BEEHNER, JOHN  
Address: 8493 BAYMEADOWS WAY #5  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD ( ) Delete  
Name: MCCOMBES, BILL  
Address: 11728 MCCORMICK RD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD ( ) Delete  
Name: BEENER, JUDY  
Address: 2913 BERNICE DR.  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BEEHNER, JOHN  
Address: 3721 SAN JOSE PLACE, STE. 1  
City-St-Zip: JACKSONVILLE, FL 32257

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: JOHN BEEHNER

PD

11/16/2009

Electronic Signature of Signing Officer or Director

Date