


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90131 012 \*\*\*150.00

**DOCUMENT # P07000036483**

1. Entity Name  
**FIRM BELIEVERS IN CHRIST, INC.**



Principal Place of Business  
**811 HENSEL HILL ROAD WEST  
PORT ORANGE, FL 32127-5834**

Mailing Address  
**811 HENSEL HILL ROAD WEST  
PORT ORANGE, FL 32127-5834**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
**Post Office Box 290036**  
City & State  
**Port Orange, Florida**  
Zip  
**32129-0036** Country  
**U.S.A.**



04292008 Chg-P CR2E034 (12/06)

4. FEI Number  
Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KINCAID, PHILIP C SR.  
811 HENSEL HILL ROAD WEST  
PORT ORANGE, FL 32127-5834**

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 *Philip C Kincaid* DATE **04/28/08**  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KINCAID, PHILIP C SR. 811 HENSEL HILL ROAD WEST PORT ORANGE, FL 321275834</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KINCAID, JULIA B 811 HENSEL HILL ROAD WEST PORT ORANGE, FL 321275834</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: *Philip C Kincaid* DATE **04/28/08** **386-322-0259**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone