

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004345

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC6724121663**

**Entity Name:** BELIEVERS OF CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

20564 NW 11TH AVENUE  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

PO BOX 813088  
HOLLYWOOD, FL 33081

**FEI Number:** 65-1118737

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WILLIAMS, COREY P  
20564 N.W. 11TH AVE  
MIAMI GARDENS, FL 33169 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name SCOTT, MURPHY LEE  
Address 2551 SW 53RD COURT  
City-State-Zip: HOLLYWOOD FL 33023

Title D  
Name ANTHONY, DONALD  
Address 3898 SW 48TH AVE.  
City-State-Zip: WEST PARK FL 33023

Title P  
Name WILLIAMS, COREY P  
Address 20564 NW 11TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33169

Title D  
Name SOLOMON, CAROLYN  
Address 4000 SW 59TH AVENUE  
City-State-Zip: WEST PARK FL 33023

Title D  
Name THOMAS , SARAH  
Address 20831 NW 34TH COURT  
City-State-Zip: MIAMI GARDENS FL 33056

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROLYN SOLOMON

**FINANCE SECRETARY**

**04/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date