## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000005057

Entity Name: THE BELIEVERS CENTER INC

**Current Principal Place of Business:** 

1375 S DELEON AVENUE TITUSVILLE, FL 32780

**Current Mailing Address:** 

1375 S DELEON AVENUE TITUSVILLE, FL 32780 US

FEI Number: 88-1770531 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, MICHAEL R 3892 HUNTERS RIDGE WAY TITUSVILLE, FL 32796 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

**FILED** May 23, 2023

**Secretary of State** 

6748616461CC

Officer/Director Detail:

Title Title COO

JONES, MICHAEL R Name Name JONES, MICHAEL R II 3892 HUNTERS RIDGE WAY Address 3962 RIDGEWOOD DRIVE Address City-State-Zip: TITUSVILLE FL 32796 TITUSVILLE FL 32796 City-State-Zip:

VΡ Title Title S

Name JONES, ROSE M Name THOMAS, TOCCARA U

Address 3892 HUNTERS RIDGE WAY Address **471 LOXLEY COURT** 

TITUSVILLE FL 32796 City-State-Zip: TITUSVILLE FL 32796 City-State-Zip:

Title TRUSTEE Title **TRUSTEE** 

Name MYRIE, ALICIA MYRIE. HOPETON M Name Address 5105 VOLUSIA AVE 1006 LANE AVENUE Address City-State-Zip: TITUSVILLE FL 32780

Title **TRUSTEE** 

City-State-Zip:

PULLEN, BARBARA Name

1221 PARIRIE LANE #104 Address City-State-Zip: TITUSVILLE FL 32780

TITUSVILLE FL 32796

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.

05/23/2023 SIGNATURE: MICHAEL R JONES PRESIDENT/PASTOR

Electronic Signature of Signing Officer/Director Detail

Date