

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001576

Entity Name: BELIEVERS OF AUTHORITY MINISTRIES, INC.**Current Principal Place of Business:**3642 THOMAS AVE
MIAMI, FL 33133**Current Mailing Address:**POST OFFICE BOX 330763
MIAMI, FL 33233 US**FEI Number:** 65-0571004**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAMBERS, JOAN
3642 THOMAS AVE
MIAMI, FL 33133 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 PRESIDENT
Name CHAMBERS, JOHN H.
Address 3642 THOMAS AVENUE
City-State-Zip: MIAMI FL 33133

Title SECRETARY
Name CHAMBERS, JOAN
Address 3642 THOMAS AVENUE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name BAKER, EVERLYN
Address 11412 S.W. 150TH DRIVE
City-State-Zip: MIAMI FL 33176

Title TREASURER
Name GREEN, ANITA
Address 6241 S.W. 78TH STREET
 #204
City-State-Zip: MIAMI FL 33143

Title DIRECTOR
Name RUSSELL, CHERYL
Address 224 WASHINGTON DRIVE
City-State-Zip: MIAMI FL 33133

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: JOAN C CHAMBERS**SECRETARY****03/23/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date