

**2022 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            TREASURER  
Name            GREEN, ANITA  
Address        6241 S.W. 78TH STREET  
                  #204  
City-State-Zip: MIAMI FL 33143

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

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

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

*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: CHERYL RUSSELL**

**DIRECTOR**

**03/07/2022**

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

\_\_\_\_\_  
Date