

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -4 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08377** (6)

1. Corporation Name
MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD, INC.

Principal Place of Business Mailing Address
***SELWYN SCOTT**
2085 NW 97TH STREET
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/27/1985** 3a. Date of Last Report **01/19/1994**
4. FEI Number **59-2246098** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SCOTT, SELWYN
2085 NW 97TH STREET
MIAMI FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	SELWYN, SCOTT
STREET ADDRESS	1021 NW 200TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	BLAIR, J.M.
STREET ADDRESS	1031 NW 40TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	CHARLTON, REBECCA
STREET ADDRESS	8215 NW 31ST AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	BYER, CARLYLE
STREET ADDRESS	841 NW 172 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SAMTH, THRLEE, SR.
STREET ADDRESS	1386 NW 38 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	HOLLIS, HENRY
STREET ADDRESS	9800 NW 19 AVENUE
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Simmons, Valgene
3.3 STREET ADDRESS	7520 Alhambra Blvd.
3.4 CITY - ST - ZIP	Miramar, FL 33023
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its registered agent, or am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment to an address.

SIGNATURE: *Selwyn Scott* 3/10/95 (05) 693-1356
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR