

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08377 (6)
1. Corporation Name
MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD, INC.



Principal Place of Business %SELWYN SCOTT 2085 NW 97TH STREET MIAMI FL 33147	Mailing Address %SELWYN SCOTT 2085 NW 97TH STREET MIAMI FL 33147
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3. Date Incorporated or Qualified 03/27/1985	
4. FEI Number 59-2246098	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SELWYN, SCOTT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1021 NW 200TH TERRACE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD BLAIR, J.M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 NW 116 TERRACE	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD SIMMONS, VALGENE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7520 ALHAMBRA BLVD.	3.2 NAME	
STREET ADDRESS	MIRAMAR FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BYER, CARLYLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19410 NW 8 STREET	4.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SMITH, THIRLEE, SR.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1386 NW 38 ST.	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D HOLLIS, HENRY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9800 NW 19 AVENUE	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____ JANUARY 7, 1998 693-1356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030474

CR2E037 (10/97)