

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08377

1. Entity Name

MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90183 004 \*\*\*\*61.25

Principal Place of Business	Mailing Address
%SELWYN SCOTT 2085 NW 97TH STREET MIAMI FL 33147	%SELWYN SCOTT 2085 NW 97TH STREET MIAMI FL 33147-2549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-2246098	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

SCOTT, SELWYN  
 2085 NW 97TH STREET  
 MIAMI FL

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELWYN, SCOTT <input type="checkbox"/> Delete 1021 NW 200TH TERRACE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAIR, J.M. <input type="checkbox"/> Delete 1100 NW 116 TERRACE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMONS, VALGENE <input type="checkbox"/> Delete 7520 ALHAMBRA BLVD. MIRAMAR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKE, KEITH <input type="checkbox"/> Delete 19740 N.W. 4TH AVE. MIAMI FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, ELMER <input type="checkbox"/> Delete 360 N.W. 102 TERRACE PEMBROKE PINES FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, RODERICK <input type="checkbox"/> Delete 2680 N.W. 123 ST. MIAMI FL 33163

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 2, 2000 (305) 693-1356  
Date Daytime Phone #

CR2E037 (9/99)