

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90913 026 ****70.00

DOCUMENT # N08377

1. Entity Name

MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

**%SELWYN SCOTT
 2085 NW 97TH STREET
 MIAMI FL 33147**

**%SELWYN SCOTT
 2085 NW 97TH STREET
 MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2246098**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, SELWYN
 2085 NW 97TH STREET
 MIAMI FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other individuals empowered.

SIGNATURE: Selwyn Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02
Date

(305)693-1356
Daytime Phone #

CR2E037 (9/01)