


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N08377**


1. Entity Name  
**MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD, INC.**



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-NP      CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

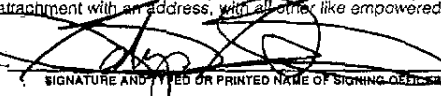
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELWYN, SCOTT 1021 NW 200TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAIR, J.M. 1100 NW 116 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKE, KEITH 19740 N.W. 4TH AVE. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, LYDIA 2130 N.W. 86 TERRACE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, RODERICK 16512 S.W. 18 STREET MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000284275  
 04/01/05-80063-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

**SIGNATURE:**       **3/25/05 (305) 693-1356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #