

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90125 013 \*\*\*\*70.00

**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**

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 **59-2246098**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



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

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

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

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **PD SELWYN, SCOTT**  
STREET ADDRESS **1021 NW 200TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME **Scott, Selwyn.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TD BLAIR, J.M.**  
STREET ADDRESS **1100 NW 116 TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D COKE, KEITH**  
STREET ADDRESS **19740 N.W. 4TH AVE.**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D FOSTER, ELMER**  
STREET ADDRESS **360 N.W. 102 TERRACE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE  Change  Addition  
NAME **D Knight, Lydia**  
STREET ADDRESS **2130 NW 86 Terrace**  
CITY-ST-ZIP **Miami, FL. 33147**

TITLE  Delete  
NAME **D SEYMORE, RODERICK**  
STREET ADDRESS **2680 N.W. 123 ST. -**  
CITY-ST-ZIP **MIAMI FL 33163**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **16512 SW 18 street**  
CITY-ST-ZIP **Miramar, FL 33027**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **SELWYN SCOTT**

CR2E037 (10/02)