

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49104** (5)

1. Corporation Name

**THE REVIVAL FAITH CENTER MINISTRIES #3, INCORPORATED**

Principal Place of Business

Mailing Address

**341 SE 2ND AVE.  
DEERFIELD BEACH FL 33441  
US**

**PO BOX 722  
DEERFIELD BEACH FL 33443-0722  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/28/1992</b>	3a. Date of Last Report <b>02/02/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0343695</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUTTS, WILMA  
620 SW 14 ST  
DEERFIELD BEACH FL 33441**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTTS, WILLIE C.</b>	1.2 NAME	
STREET ADDRESS	<b>620 SW 14TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFLD BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTTS, WILMA J.</b>	2.2 NAME	
STREET ADDRESS	<b>620 SW 14TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFLD BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TTR</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILLARD, JANICE</b>	3.2 NAME	
STREET ADDRESS	<b>3541 WEST BROWARD BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TR</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STYLES, GREGORY S</b>	4.2 NAME	
STREET ADDRESS	<b>930 NE 51ST ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TR</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INGRAM, DIANE</b>	5.2 NAME	
STREET ADDRESS	<b>251 NW 43RD ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO EBACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TR</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSS, RUBIN</b>	6.2 NAME	
STREET ADDRESS	<b>619 N.W. 2ND AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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 on an attachment with an address.

SIGNATURE: *Willie C. Butts* / *Willie C. Butts (Pres.)* 1/9/97 (954) 422-5776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043038

CR2E037 (9/96)