

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 51352**

1. Corporation Name
Summerfield Christian Revival Center, Incorporated

Principal Place of Business Mailing Address
c/o Victor E. Mullin, Jr. PO Box 153
PO Box 153 14500 SE 73rd Ave.
14500 S.E. 73rd Ave. Summerfield, FL 34492

3. Date Incorporated or Qualified **10-20-92** 3a. Date of Last Report **5-15-95**
4. FEI Number **59-3150933** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
Mullin Victor E, Jr.
PO Box 153
14500 SE. 73rd. Ave.
Summerfield, FL 34492 US

10. Name and Address of New Registered Agent
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mullin, Victor E. Jr.	1.2 NAME	
STREET ADDRESS	14500 SE 73rd Ave. PO 153	1.3 STREET ADDRESS	
CITY-ST-ZIP	Summerfield, FL 34492	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanders, Priscilla J.	2.2 NAME	
STREET ADDRESS	2310 N. Rolling Hill Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Wildwood, FL 32785	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGhee, Clara V.	3.2 NAME	S/T Mullin, Esther, M.
STREET ADDRESS	400 Rutland St.	3.3 STREET ADDRESS	14500 S.E. 73rd Ave.
CITY-ST-ZIP	Wildwood, FL 34785	3.4 CITY-ST-ZIP	Summerfield, FL 34492
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mullin, Daniel E.	4.2 NAME	
STREET ADDRESS	14500 SE, 73rd Ave. P.O. 506	4.3 STREET ADDRESS	
CITY-ST-ZIP	Summerfield, FL 34492	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mullin, Jerry, E.	5.2 NAME	
STREET ADDRESS	14420 SE 94th Ave. PO 3523	5.3 STREET ADDRESS	800001802348
CITY-ST-ZIP	Summerfield, FL 34421	5.4 CITY-ST-ZIP	-05/01/96--01012--003
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collier, James	6.2 NAME	
STREET ADDRESS	102 South Warfield Ave. PO 95	6.3 STREET ADDRESS	
CITY-ST-ZIP	Wildwood, FL 34785	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Victor E. Mullin, Jr. Victor E. Mullin, Jr.** 4-23-96 (904)-347-5709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)