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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90145 037 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000000682

1. Corporation Name
REVIVAL FIRE MINISTRIES, INC.

3 340911 - 90145 - 37

Principal Place of Business Mailing Address
 5240 NW 7TH AVE PO BOX 472005
 MIAMI FL 33127 MIAMI FL 33247
 US US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0694626	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENTLEY, ROBERT 2940 NW 98 STREET MIAMI FL 33147				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 provisions of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, ROBERT		1.2 NAME		
STREET ADDRESS	2940 NW 98 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, GWENDOLYN		2.2 NAME		
STREET ADDRESS	2940 NW 98 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, GWENDOLYN		3.2 NAME		
STREET ADDRESS	2940 NW 98TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, MARY		4.2 NAME		
STREET ADDRESS	760 NW 64TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, MARY		5.2 NAME		
STREET ADDRESS	760 NW 64 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Robert Bentley* **A-10-99**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037-(1/98)