

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000003549 (0)
1. Corporation Name
TABERNALE OF PEACE REVIVAL CENTER, INC.



Principal Place of Business 3219 PINELLAS PLACE TAMPA FL 33619 US	Mailing Address 3219 PINELLAS PLACE TAMPA FL 33619 US
---	---

3. Date Incorporated or Qualified 07/01/1986	
4. FEI Number 59-3301856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7816 Wichita Way Suite, Apt. #, etc.	2a. Mailing Address 26 7816 Wichita Way Suite, Apt. #, etc.
22 City & State 23 Tampa FL	27 City & State 28 Tampa FL
24 Zip 33619 25 Country Hills.	29 Zip 33619 30 Country Hills.

9. Name and Address of Current Registered Agent
**GOVERNOR, SANDRA
3219 PINELLAS PLACE
TAMPA FL 33619**

10. Name and Address of New Registered Agent
81 Name **Alberta Williams**
82 Street Address (P.O. Box Number is Not Acceptable)
7816 Wichita Way
83
84 City **Tampa** FL 85 Zip Code **33619**

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 Alberta Williams Alberta Williams 2/22/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	P		
NAME	ALBERTHA WILLIAMS		
STREET ADDRESS	7816 WICHITA WAY		
CITY-ST-ZIP	TAMPA FL		
TITLE	V		<input checked="" type="checkbox"/> DELETE
NAME	SANDRA GOVERNOR		
STREET ADDRESS	3219 PINELLAS PLACE		
CITY-ST-ZIP	TAMPA FL		
TITLE	T		<input type="checkbox"/> DELETE
NAME	EDWARD DURANT		
STREET ADDRESS	3211 NORTH CORD ST.		
CITY-ST-ZIP	TAMPA FL		
TITLE	S		<input type="checkbox"/> DELETE
NAME	FANNIE DURANT		
STREET ADDRESS	3211 NORTH CORD ST.		
CITY-ST-ZIP	TAMPA FL		
TITLE	D		<input type="checkbox"/> DELETE
NAME	SIDNEY WILLIAMS		
STREET ADDRESS	7816 WICHITA WAY		
CITY-ST-ZIP	TAMPA FL		
TITLE	D		<input type="checkbox"/> DELETE
NAME	MARY PETERSON		
STREET ADDRESS	3001 N. STAR ST.		
CITY-ST-ZIP	TAMPA FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: Alberta Williams Alberta Williams 2/22/98

CR2E037 (1097)