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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000003549

1. Corporation Name

TABERNALE OF PEACE REVIVAL CENTER, INC.

Principal Place of Business

7816 WICHITA WAY  
TAMPA FL 33619  
US

Mailing Address

7816 WICHITA WAY  
TAMPA FL 33619  
US



2. Principal Place of Business

21 Tabernacle of Peace Revival Ctr Inc

2a. Mailing Address

26 Tabernacle of Peace Revival Center

3. Date Incorporated or Qualified

07/01/1996

Suite, Apt. #, etc.

22 5609 C Adams Drive

Suite, Apt. #, etc.

27 5609 C Adams Drive

4. FEI Number

59-3301856

Applied For

Not Applicable

City & State

23 Tampa FL US

City & State

28 Tampa Florida

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 33619

Country

25 US

Zip

29 33619

Country

30 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, ALBERTHA  
7816 WICHITA WAY  
TAMPA FL 33619

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

TITLE P  
NAME ALBERTHA WILLIAMS  
STREET ADDRESS 7816 WICHITA WAY  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE T  
NAME EDWARD DURANT  
STREET ADDRESS 3211 NORTH CORD ST.  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE S  
NAME FANNIE DURANT  
STREET ADDRESS 3211 NORTH CORD ST.  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE D  
NAME SIDNEY WILLIAMS  
STREET ADDRESS 7816 WICHITA WAY  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE D  
NAME MARY PETERSON  
STREET ADDRESS 3001 N. STAR ST.  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME Edward Durant  
2.3 STREET ADDRESS 3211 North Cord Street  
2.4 CITY-ST-ZIP Tampa Florida

3.1 TITLE  Change  Addition  
3.2 NAME Fannie Durant  
3.3 STREET ADDRESS 3211 North Cord St  
3.4 CITY-ST-ZIP Tampa, FL

4.1 TITLE  Change  Addition  
4.2 NAME Sidney Williams  
4.3 STREET ADDRESS 7816 Wichita Way  
4.4 CITY-ST-ZIP Tampa FL 33619

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: Alberta Williams Alberta Williams 3/5/99 627-0150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)