

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000682 (2)**

1. Corporation Name

REVIVAL FIRE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**2940 NW 98 STREET
MIAMI FL 33147**

**2940 NW 98 STREET
MIAMI FL 33147-2062**



2. Principal Place of Business 21 5240 N.W. 7 AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI FLA. Zip 24 33127 Country 25 Dade	2a. Mailing Address 26 P.O. Box 972005 Suite, Apt. #, etc. 27 City & State 28 MIAMI FLA. Zip 29 33247 Country 30 Dade
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3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report NA
4. FEI Number 65-0694626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Robert Bentley** DATE **2-28-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input 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	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, VERONICA	3.2 NAME	BENTLEY, GWENDOLYN
STREET ADDRESS	17850 SW 4 COURT	3.3 STREET ADDRESS	2940 N.W. 98 STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33029	3.4 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, ALTON	4.2 NAME	BENTLEY, MARY
STREET ADDRESS	17850 SW 4 COURT	4.3 STREET ADDRESS	760 N.W. 64 STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33029	4.4 CITY-ST-ZIP	MIAMI, FL 33150
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 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 **Robert Bentley** DATE **2-12-97**

CR2E037 (9/96)