

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08377

**Entity Name:** MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD, INC.

**FILED**  
**Mar 28, 2024**  
**Secretary of State**  
**9647629288CC**

**Current Principal Place of Business:**

MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD  
2085 NW 97TH STREET  
MIAMI, FL 33147

**Current Mailing Address:**

MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD  
2085 NW 97TH STREET  
MIAMI, FL 33147

**FEI Number: 59-2246098**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SHAW, LEONARD  
2085 NW 97TH STREET  
MIAMI, FL 33147 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** LEONARD SHAW

03/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT - SENIOR PASTOR  
Name            SHAW, LEONARD  
Address        MIAMI REVIVAL TABERNACLE  
                  ASSEMBLY OF GOD  
                  2085 NW 97TH STREET  
City-State-Zip: MIAMI FL 33147

Title            ELDER - TREASURER  
Name            MONTGOMERY, ARNOLD R  
Address        17671 SW 31 COURT  
City-State-Zip: MIRAMAR FL 33029

Title            SECRETARY  
Name            SCOTT-GIBBS, ROSEMARIE  
Address        710 NW 199 AVE  
City-State-Zip: PEMBROKE PINES, FL FL 33029

Title            DEACONESS  
Name            STRONG, KATRINA  
Address        19221 NW 45TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33055

Title            DEACONESS  
Name            REID, AYANA  
Address        3470 FOXCROFT RD  
                  314  
City-State-Zip: MIRAMAR FL 33025

Title            DEACON  
Name            FOWLES, CALVIN  
Address        2421 NW 55 TERR  
City-State-Zip: MIAMI FL 33142

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONARD SHAW

**PRESIDENT**

03/28/2024

Electronic Signature of Signing Officer/Director Detail

Date