

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08377

**FILED**  
**Jan 03, 2014**  
**Secretary of State**  
**CC7649484426**

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

**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

01/03/2014

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  
Name            BYER, MERVITA  
Address        19410 NW 8TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

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

Title            TREASURER  
Name            SEYMORE, RODERICK E  
Address        16512 S.W. 18 STREET  
City-State-Zip: MIRAMAR FL 33027

Title            BD  
Name            WRIGHT-JONES, SABRINA  
Address        14320 NW 12TH AVENUE  
City-State-Zip: MIAMI FL 33168

Title            BD  
Name            COKE, KEITH  
Address        19740 NW 4TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33169

Title            ELDER  
Name            TRESTRAIL, YVONNE  
Address        1753 NE 146 STREET  
City-State-Zip: MIAMI FL 33181

Title            SECRETARY  
Name            MONTGOMERY, JENNIFER  
Address        7070 SW 27TH STREET  
City-State-Zip: MIRAMAR FL 33023

*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

SENIOR PASTOR

01/03/2014

Electronic Signature of Signing Officer/Director Detail

Date