CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED
1995 JAN 25 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716997 (2)

1. Corporation Name
HIGHWAY 60 REVIVAL TABERNACLE CHURCH, INC.

Principal Place of Business	Mailing Address
2701 HWY 60 WEST PLANT CITY FL 33567-6109 US	2701 HWY 60 WEST PLANT CITY FL 33567-6109 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1969
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2903566 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DORSEY M. DIXON
RT. 5 BOX 2018
2701 HWY. 60 WEST
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE	PCD	☐ Change ☐ Addition
NAME	DIXON,DORSEY M	1.2 NAME	Dixon, Dorsey M.	
STREET ADDRESS	2701 HWY. 60 WEST	1.3 STREET ADDRESS	2701 HWY 60 West	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, FL	
TITLE	STD	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	FELTS, CHERELLE	2.2 NAME	Grant, Marvin	
STREET ADDRESS	1875 PLANTATION DR.	2.3 STREET ADDRESS	4301 W. S.R. 60 West	
CITY-ST-ZIP	CLEVELAND TN	2.4 CITY-ST-ZIP	Plant City, FL	
TITLE	VD	3.1 TITLE	VD	☐ Change ☐ Addition
NAME	FELTS, DAVID	3.2 NAME	Felts, David	
STREET ADDRESS	1875 PLANTATION DR.	3.3 STREET ADDRESS	1875 Plantation Drive	
CITY-ST-ZIP	CLEVELAND TN	3.4 CITY-ST-ZIP	Cleveland, TN	
TITLE		4.1 TITLE	STP	☐ Change ☒ Addition
NAME		4.2 NAME	Brown, M.H.	
STREET ADDRESS		4.3 STREET ADDRESS	Rt. 1, Box 330 Kite Rd.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Goldbond, VA	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Bearington, D.J.	
STREET ADDRESS		5.3 STREET ADDRESS	Rt. 1, Box 252 A	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ceres, VA	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 1-26-95	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dorsey M. Dixon 1/18/95 813-737-3687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dorsey M. Dixon, Director

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