

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716997 (2)
1. Corporation Name
HIGHWAY 60 REVIVAL TABERNACLE CHURCH, INC.



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

Mailing Address
2701 HWY 60 WEST
PLANT CITY FL 33567-6109
US

3. Date Incorporated or Qualified
08/13/1969

3a. Date of Last Report
01/24/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, DORSEY M	1.2 NAME	
STREET ADDRESS	2701 HWY 60 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, MARVIN	2.2 NAME	
STREET ADDRESS	4301 W. S.R. 60 WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTS, DAVID	3.2 NAME	
STREET ADDRESS	1875 PLANTATION DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTS, CHERELLE	4.2 NAME	
STREET ADDRESS	1875 PLANTATION DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	4.4 CITY-ST-ZIP	
TITLE	STP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, M.H.	5.2 NAME	
STREET ADDRESS	RT. 1 BOX 330 KITE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDBONE VA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARINGTON, D.J.	6.2 NAME	
STREET ADDRESS	RT. 1 BOX 252A	6.3 STREET ADDRESS	
CITY-ST-ZIP	CERES VA	6.4 CITY-ST-ZIP	

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)(k), 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, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 813/737-3637
Date Daytime Phone #

CR2E037 (12/95)