FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:21

DOCUMENT # **724803** **(2)**

1. Corporation Name
KING'S TEMPLE & REVIVAL CENTER, INC.

Principal Place of Business	Mailing Address
2256 ALABABA AVE OPA LOCKA FL 33054-3164	2256 ALABABA AVE OPA LOCKA FL 33054-3164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1972
3a. Date of Last Report: 04/20/1994
4. FEI Number: NOT APPLICABLE ☐ 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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

KING,BURNICE
15755 NW 19 AVE
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name: KING, MARY
82 Street Address (P.O. Box Number is Not Acceptable): 15755 N.W. 19th AVE.
83
84 City: OPA-LOCKA **FL** 85 Zip Code: 33054

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: Mary L King
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	KING,BURNICE	12 NAME	KING, MARY	
STREET ADDRESS	15755 NW 19 AVE	13 STREET ADDRESS	15755 N.W. 19th AVE.	
CITY-ST-ZIP	OPA LOCKA FL	14 CITY-ST-ZIP	OPA-LOCKA, FLORIDA 33054	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	KING,MARY L	22 NAME	MINGO, TIMOTHY	
STREET ADDRESS	15755 NW 19 AVE	23 STREET ADDRESS	9737 N.W. 41st STREET#281	
CITY-ST-ZIP	OPA LOCKA FL	24 CITY-ST-ZIP	MIAMI, FLORIDA 33178	
TITLE	S	31 TITLE	S	☐ Change ☐ Addition
NAME	MORNING, STEPHANIE	32 NAME	MORNING, STEPHANIE	
STREET ADDRESS	4490 NW 199TH STREET	33 STREET ADDRESS	19811 N.W. 40th AVE.	
CITY-ST-ZIP	OPA LOCKA FL	34 CITY-ST-ZIP	OPA-LOCKA, FLORIDA 33055	
TITLE	T	41 TITLE	T	☐ Change ☐ Addition
NAME	SANDERS, JEAN	42 NAME	SANDERS, JEAN	
STREET ADDRESS	1340 NW 95 ST #332	43 STREET ADDRESS	1340 N.W. 95th STREET #332	
CITY-ST-ZIP	MIAMI,F L 00000	44 CITY-ST-ZIP	MIAMI,FLORIDA	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Stephanie F. Morning — April 2, 1995 — 362-3747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028437