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

APPROVED AND FILED

95 MAR -2 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728730 (3)

1. Corporation Name

GOLF VIEW PARK REVIVAL TABERNACLE, INC.

Principal Place of Business	Mailing Address
C/O REVEREND ROBERT HARE P.O. BOX 1054. CEDAR STREET LAKE WALES FL 33859-8054	C/O REVEREND ROBERT HARE P.O. BOX 1054. CEDAR STREET LAKE WALES FL 33859-8054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1974
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1525978 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

HARE, ROBERT REV.
3032 CEDAR ST.
LAKE WALES FL 33859-8054

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: [signature] ROBERT HARE, REV. FEB 6, 1995
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	D	1.1 TITLE	S	☒ Change ☐ Addition
NAME	MILES, ELEANOR	1.2 NAME	GRAVLEY, DEBRA	
STREET ADDRESS	2807 BEGONIA ST	1.3 STREET ADDRESS	212 MOCKINGBIRD CT	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BRANNEN, RONNIE	2.2 NAME	GRAVLEY, GARY	
STREET ADDRESS	508 SOUTH 8TH ST	2.3 STREET ADDRESS	212 MOCKINGBIRD CT.	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	D	3.1 TITLE	T	☐ Change ☒ Addition
NAME	BARNETT, ORVILLE	3.2 NAME	HARE, DELORES	
STREET ADDRESS	207 BABSON PARK DR	3.3 STREET ADDRESS	3032 CEDAR ST.	
CITY-ST-ZIP	BABSON PARK FL	3.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	V	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HARE, KENNETH	4.2 NAME	HARE, DENISE	
STREET ADDRESS	PO BOX 1054 N/A	4.3 STREET ADDRESS	PO BOX 1054 N/A	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	P	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HARE, ROBERT REV.	5.2 NAME	MIXON, EDDIE	
STREET ADDRESS	3032 CEDAR STREET	5.3 STREET ADDRESS	108 CHARLES AVE	
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	A	6.1 TITLE	D	☐ Change ☒ Addition
NAME	[illegible]	6.2 NAME	MIXON, GENEVA	
STREET ADDRESS	[illegible]	6.3 STREET ADDRESS	108 CHARLES AVE.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DAVENPORT, FL 33837	

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: [signature] DEBRA GRAVLEY, SEC FEB 6, 1995 (813)6352630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080120