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 # 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 33859-1054	C/O REVEREND ROBERT HARE P.O. BOX 1054. CEDAR STREET LAKE WALES FL 33859-1054

3. Date Incorporated or Qualified: 02/05/1974
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business	2a. Mailing Address
21 REVIVAL TABERNACLE	26 C/O REV. ROBERT HARE
Suite, Apt. #, etc 22 PO BOX 1054	Suite, Apt. #, etc. 27 PO BOX 1054
City & State 23 LAKE WALES, FL	City & State 28 LAKE WALES, FL
Zip / Country 24 33859-1054 25 POLK	Zip / Country 29 33859-1054 30 POLK

4. FEI Number: 59-1525978 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARE, ROBERT REV. 3032 CEDAR ST. LAKE WALES FL 33859-1054	81 Name: N/A 82 Street Address (P.O. Box Number is Not Acceptable): N/A 83 N/A 84 City: N/A FL 85 Zip Code

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRAVLEY, DEBRA 212 MOCKINGBIRD CT FROSTPROOF FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	T DELORES HARE PO BOX 1054 LAKE WALES,FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANNEN, RONNIE 508 SOUTH 8TH ST LAKE WALES FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D ELENORA MILES 2807 BIGNONIA LAKE WALES,FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, ORVILLE 207 BABSON PARK DR BABSON PARK FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D GENEVA MIXON PO BOX 1193 DAVENPORT,FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARE, KENNETH PO BOX 1054 N/A LAKE WALES FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D EDDIE MIXON PO BOX 1193 DAVENPORT,FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARE, ROBERT REV. 3032 CEDAR STREET LAKE WALES FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D DENISE HARE PO BOX 1054 LAKE WALES,FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STARLING, BARBARA 200 PINEY AVENUE LAKE WALES FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D JIMMY COATNEY 340 HICKORY HAMMOCK ROAD LAKE WALES,FL 33853	☐ Change ☒ Addition

CR2E037 (12/95)

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)(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: REVEREND ROBERT HARE — 02/03/96 — 941-676-6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #