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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
REVIVAL TABERNACLE P.O. BOX 1054 LAKE WALES FL 33859-1054 US	% REV. ROBERT HARE P.O. BOX 1054 LAKE WALES FL 33859-1054 US

3. Date Incorporated or Qualified: 02/05/1974
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business
21 GOLFVIEW PARK REVIVAL TABERNACLE, INC.
Street Address
22 SAME
City & State
23 SAME
Zip 24 SAME Country 25 USA

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

4. FEI Number: 59-1525978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ NO — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ NO — **$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

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

10. Name and Address of New Registered Agent

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: N/A

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 _____ 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	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARE, DELORES		1.2 NAME	
STREET ADDRESS	P.O. BOX 1054		1.3 STREET ADDRESS	3032 Cedar St.
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, RONNIE		2.2 NAME	
STREET ADDRESS	508 SOUTH 8TH ST		2.3 STREET ADDRESS	508 South 8th St.
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARNETT, ORVILLE		3.2 NAME	
STREET ADDRESS	207 BABSON PARK DR		3.3 STREET ADDRESS	207 Babson park Dri.
CITY-ST-ZIP	BABSON PARK FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARE, KENNETH		4.2 NAME	
STREET ADDRESS	PO BOX 1054 N/A		4.3 STREET ADDRESS	3032 Cedar St.
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARE, ROBERT REV.		5.2 NAME	
STREET ADDRESS	3032 CEDAR STREET		5.3 STREET ADDRESS	3032 Cedar St.
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STARLING, BARBARA		6.2 NAME	
STREET ADDRESS	200 PINEY AVENUE		6.3 STREET ADDRESS	200 Piney St.
CITY-ST-ZIP	LAKE WALES FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Rev. Robert Hare REQUIRED 1-24-97 941-676-6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #