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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
GOLFVIEW PARK REVIVAL TABERNACLE INC 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

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

2. Principal Place of Business
21: N/A
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:

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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):
83:
84 City: 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 _____ 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	3032 CEDAR ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP	N/A
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, RONNIE		2.2 NAME	
STREET ADDRESS	508 SOUTH 8TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP	N/A
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARNETT, ORVILLE		3.2 NAME	
STREET ADDRESS	207 BABSON PARK DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL		3.4 CITY-ST-ZIP	N/A
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARE, KENNETH		4.2 NAME	
STREET ADDRESS	3032 CEDAR ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP	N/A
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARE, ROBERT REV.		5.2 NAME	
STREET ADDRESS	3032 CEDAR ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP	N/A
TITLE	ST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STARLING, BARBARA		6.2 NAME	
STREET ADDRESS	200 PINEY ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL		6.4 CITY-ST-ZIP	N/A

CR2E037 (10/97)

14. I 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.