2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State
01-27-2002 90016 026 ****61.25

DOCUMENT # 728730

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired N/A ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARE, ROBERT REV. 3032 CEDAR ST. LAKE WALES FL 33859-8054	Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees N/A

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/~~CHANGES~~ TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARE, DELORES 3032 CEDAR ST LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILES, ELENORA 2807 BEGONIA AVENUE LAKE WALES, FLORIDA 33898	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANNEN, RONNIE 143 BAY SCOUT ROAD LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JOHN 501 OLEANDER AVENUE LAKE WALES, FLORIDA 33898	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, ORVILLE 207 BABSON PARK DR BABSON PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COATNEY, JIMMY 340 HICKORY HAMMOCK ROAD LAKE WALES,FLORIDA 33898	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARE, KENNETH 3032 CEDAR ST LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASSEY, HAROLD 5925 TINDAL PLACE LAKE WALES, FLORIDA 33898	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARE, ROBERT REV. 3032 CEDAR ST LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAYTOR, RON 2851 SILVER SPUR LAKE WALES,FLORIDA 33898	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STARLING, BARBARA 200 PINEY ST LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BRANNEN, RONNIE~~ ~~143 BOY SCOUT ROAD~~ ~~LAKE WALES, FLORIDA 33898~~	☒ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pastor Robert Hare 1-10-20002 863-676-6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #