# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2005 8:00 am**
**Secretary of State**
02-08-2005 90016 025 ****61.25

**DOCUMENT # 728730**

1. Entity Name
GOLF VIEW PARK REVIVAL TABERNACLE, INC.

50012026

| Principal Place of Business | Mailing Address |
|---|---|
| GOLFVIEW PARK REVIVAL TABERNACLE INC<br>P O BOX 1054<br>LAKE WALES, FL 33859-1054 US | % REV. ROBERT HARE<br>P.O. BOX 1054<br>LAKE WALES, FL 33859-1054 US |

01222005 Chg-NP CR2E037 (10/03)

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

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HARE, ROBERT REV.<br>3032 CEDAR ST.<br>LAKE WALES, FL 33859-8054 | Name N/A<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HARE, DELORES<br>3032 CEDAR ST<br>LAKE WALES, FL 33898 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRANNEN, RONNIE<br>143 BOY SCOUT RD.<br>LAKE WALES, FL 33898 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARNETT, ORVAIL<br>207 BABSON PARK DR<br>BABSON PARK, FL 33827 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HARE, KENNETH<br>3032 CEDAR ST<br>LAKE WALES, FL 33898 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Hare, Kenneth<br>25 Lake Drive<br>Winter Haven Florida 33881 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HARE, ROBERT REV.<br>3032 CEDAR ST<br>LAKE WALES, FL 33898 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>STARLING, BARBARA<br>200 PINEY ST<br>LAKE WALES, FL 33898 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Rev. Robert Hare 1-31-2005 638-676-6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #