# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 728730

Entity Name
GOLF VIEW PARK REVIVAL TABERNACLE, INC.

| 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 |

**DO NOT WRITE IN THIS SPACE**

01072006 No Chg-NP CR2E037 (11/05)

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

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

**DO NOT WRITE IN THIS SPACE**

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | T |
| NAME | HARE, DELORES |
| STREET ADDRESS | 3032 CEDAR ST |
| CITY-ST-ZIP | LAKE WALES, FL 33898 |
| TITLE | D |
| NAME | BRANNEN, RONNIE |
| STREET ADDRESS | 143 BOY SCOUT RD. |
| CITY-ST-ZIP | LAKE WALES, FL 33898 |
| TITLE | D |
| NAME | BARNETT, ORVAIL |
| STREET ADDRESS | 207 BABSON PARK DR |
| CITY-ST-ZIP | BABSON PARK, FL 33827 |
| TITLE | V |
| NAME | HARE, KENNETH |
| STREET ADDRESS | 25 LAKE DRIVE |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 |
| TITLE | P |
| NAME | HARE, ROBERT REV. |
| STREET ADDRESS | 3032 CEDAR ST |
| CITY-ST-ZIP | LAKE WALES, FL 33898 |
| TITLE | ST |
| NAME | STARLING, BARBARA |
| STREET ADDRESS | 200 PINEY ST |
| CITY-ST-ZIP | LAKE WALES, FL 33898 |

U00000382485
01/12/06-80013-010 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-9-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #