2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

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

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01102007 No Chg-NP CR2E037 (4/06)

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

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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, 2007

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

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01/16/07-80059-005 61.25

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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: Barbara Starling Secretary 01-10-07 8636768898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #