2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90101 042 ****61.25

DOCUMENT # 728730

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

Principal Place of Business	Mailing Address
437 SHADY OAK AVE LAKE WALES, FL 33898 US	200 PINEY AVE LAKE WALES, FL 33898 US

01062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

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

7. Name and Address of New Registered Agent

Name STARLING, BARBARA PASTOR
Street Address (P.O. Box Number is Not Acceptable) 200 PINEY AVENUE
City LAKE WALES
FL Zip Code 33898

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 Pastor Barbara Starling 1-8-08
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, 2008

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 HARE, DELORES 3032 CEDAR ST LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANNEN, RONNIE 143 BOY SCOUT RD. LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, ORVAIL 207 BABSON PARK DR BABSON PARK, FL 33827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STARLING, BARBARA J AST-P 200 PINEY AVE LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VP HAROLD J. MASSEY AST-P 5925 TINDEL PLACE LAKE WALES, FL 33898
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARE, ROBERT REV. - DECEASED 3032 CEDAR ST LAKE WALES, FL 33898	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Pastor BARBARA J STARLING - Pres. 200 PINEY AVENUE LAKE WALES, FL 33898
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STARLING, BARBARA 200 PINEY ST LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ST RHONDA C. MASSEY 5925 TINDEL PLACE LAKE WALES, FL 33898

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: Rhonda C. Massey 01-07-2008 863-676-3178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #