

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732336** (3)
1. Corporation Name
REVIVAL U.S.A. FELLOWSHIP, INC.



Principal Place of Business: P.O. BOX 110, APT #105, WEST PALM BEACH FL 33401
Mailing Address: P. O BOX 110, APT #105, WEST PALM BEACH FL 33401, US

3. Date Incorporated or Qualified: **04/02/1975**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-1737325**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **Alex., Va. & W.P.B. FL.**
2a. Mailing Address: **P.O. Box 110**
21. Suite, Apt. #, etc.: **420-HIBISCUS ST. 103**
22. City & State: **Alex., Va.**
23. **W.P.B. FL.**
24. Zip: **22304-VA.** Country: **U.S.A.**
25. **U.S.A.**
26. Suite, Apt. #, etc.: **P.O. Box 110**
27. City & State: **420-HIBISCUS ST. 103**
28. **W.P.B., Fla.**
29. Zip: **33402** Country: **U.S.A.**
30. **U.S.A.**

9. Name and Address of Current Registered Agent
EVANS, WALTER E., JR.
419 DIVISION AVE.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81. Name: **NIXON CHARLES**
82. Street Address (P.O. Box Number is Not Acceptable): **810 1/2 14th St.**
83.
84. City: **West palm beach** FL 85. Zip Code: **33402**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Nixon Charles* DATE: **3-3-96**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	EVANS, WALTER E., JR.
STREET ADDRESS	419 DIVISION AVE.
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MOTEN, BERTHA V.
STREET ADDRESS	2210 E. RANDOLPH ST.
CITY-ST-ZIP	ALEXANDRA VA 22301
TITLE	SD <input type="checkbox"/> DELETE
NAME	MOTEN, ALICE
STREET ADDRESS	2210 E. RANDOLPH ST.
CITY-ST-ZIP	ALEXANDRA VA 22301
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter E. Evans Jr., Founder* DATE: **3-3-96** DAYTIME PHONE #: **407-833-5353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)