| | FILE NOW: FILI | NG FE | E IS \$61.25 | i | | APPROVED |
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| | IPROFIT | | FLORIDA DEPART | MENT OF STATE | | AND |
| | ORATION | | Sandra B. | Mortham | | FILED |
| | L REPORT | | Secretary DIVISION OF C | | | 98 OCT 21 PM 2:09 |
| DOCUM | ENT # 73329 | 1 | (9) | | | SECRETARY OF STATE |
| | REVIVAL FELLOWSHIP (| | | IC. | | |
| | | | | | | |
| Principal Place of | | Mailin | g Address | | | |
| 2090 SERVICE RO/ OPA-LOCKA FL 33 | | | ervice road Ocka FL 33054 | | | Date Incorporated or Qualified 07/14/1975 FEI Number Applied For |
| | | | | | | 59-1672944- 59-1672994 Not Applicable |
| 2. Principal Place | e of Business | | illing Address | | 5. | Certificate of Status Desired S8.75 Additional |
| 21 Suite, Apt. #, 6 | etc. | 26 Su | ite, Apt. #, etc. | | | Election Campaign Financing \$5.00 May Be |
| 22 | | 27 | | | | Trust Fund Contribution Added to Fees |
| City & State | | Cit 28 | y & State | | 7. | Is this nonprofit corporation a homeowners association? |
| Zip 24 | Country 25 | Zip | | Country 30 | | This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Curren | 29 It Registere | | 101 | | Name and Address of New Registered Agent |
| | | | ·- ·- · | 81 Name | Erne | est d. Cobbs |
| COBBS, EF | | | | 82 Street | | .O. Box Number is Not Acceptable) |
| 1020 S.W. 9 MIRAMAR F | 961H AV FL 33025-3673 | | | 83 | 2040 | Service Road |
| | | | | 84 City | | Locka 85 Zip Code |
| | | | | | 5 - <i>o</i> - | |
| 11. Pursuant to the office or registered | he provisions of Sections 617.050 istered agent, or both, in the State | 2 and 617.1 of Florida. S | 508, Florida Statutes Such change was au | | // | hocka FL 85 Zip Code 33054 outputs this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | s, the above named thorized by the cor ida Statutes. | corporation poration's b | a submits this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered |
| SIGNATURE | the provisions of Sections 617.050. Istered agent, or bolh, in the State familiar with, and accept the obligation nature, typed or printed name of registered age OFFICERS ANS | nt and title if app | olicable (NOTE: | | corporation poration's b | n submits this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered |
| SIGNATURE | nature, typed or printed name of registered age OFFICERS ANS PD | nt and title if app | olicable (NOTE: | s, the above-namec thorized by the cor ida Statutes. Registered Agent signature 13. 1.1 TITLE | corporation poration's b | n submits this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered |
| SIGNATURE Stor | nature, typed or printed name of registered age OFFICERS ANS PD COBBS, ERNEST | nt and title if app | nicable (NOTE: | Registered Agent Sensure 13. 1.1 ITILE 1.2 NAME | corporation poration's b | n submits this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered |
| SIGNATURE | nature, typed or printed name of registered age OFFICERS ANS PD | nt and title if app | nicable (NOTE: | s, the above-namec thorized by the cor ida Statutes. Registered Agent signature 13. 1.1 TITLE | corporation poration's b | n submits this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered |
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