


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90012 019 ****61.25

DOCUMENT # 742675	
1. Entity Name	
MISSION REVIVAL CENTER OF THE APOSTOLIC FAITH, INC.	

Principal Place of Business	Mailing Address
225 NW 30TH AVE FT. LAUDERDALE, FL 33311	225 NW 30TH AVE FT. LAUDERDALE, FL 33311

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For	
59-1807432		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARTLEY, EVELYN REV 225 N.W. 30TH. AVE. FT. LAUDERDALE FL 33311		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANTHONY	NAME	
STREET ADDRESS	200 NW 28TH TERRACE Way	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYTON, JACQUELINE	NAME	
STREET ADDRESS	1633 LAUDERDALE MANOR DR.	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLEY, JOSEPH	NAME	
STREET ADDRESS	225 NW 30TH AVE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER DAUD, BRIDGETTE	NAME	
STREET ADDRESS	4688 SW 29TH TERR, APT 1	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312-5617	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLEY, EVELYN	NAME	
STREET ADDRESS	225 NW 30TH AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eve Lyn W. BARTLEY 3/3/06 954-5837337