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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 749833

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PENTECOSTAL REVIVAL CENTER, INCORPORATED

	Ad-W Add			<u> </u>	1011 #1#11 #1#11 #1#11 #1#11 # 1#	
Principal Place of Business	Mailing Address					
3204 HWY 301 ELLENTON FL 34222	3204 HWY 301 ELLENTON FL 34222	3204 HWY 301 ELLENTON FL 34222				
				3. Date incorporated or Qualified 11/19/1979	3a. Date of La: 05/01/	st Report 1995
2. Principal Place of Business	2a. Mailing Address 26			4. FEI Number 59-2004830		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 O NE AL SERVA - Desired	\$8.7	5 Additional
2	27			5. Certificate of Status Desired	Fe	e Required
City & State	City & State			6. Election Campaign Financing	1 1 7	00 May Be
3	28			Trust Fund Contribution	AUI	ded to Fees
Zip Country	Zip	Cour	ntry	This corporation has liability for in Florida Statutes	ntangible tax under] Yes ☐ No	s. 199.032,
9. Name and Address of Cui	29	30		10. Name and Address of New Re		
9. Name and Address of Con	Helit Hogistoreo Agent		81 Name			
ROBINSON, D. R.		,	On Chroat Adds	ress (P.O. Box Number is Not Acceptable	<u>al</u>	
1114 5TH STREET			82 Street Addr	855 (F.O. DOX NUMBER IS NOT Acceptable	5)	
PALMETOO FL 33561		,	83			
			84 City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 617.0	0502 and 617 1508 Florida Stat	tutes the abo	ve-named cornor	ration submits this statement for the pure	nose of changing It	s registered offic
or registered agent or both in the State of I	Horida, Such change was author	orized by trie c	orporation's boar	rd of directors. I hereby accept the appo	intment as register	ed agent. I am
familiar with, and accept the obligations of,	Section 617,0503, Florida Statut	iga.				
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Flegistered	Agent signature require		DATE	
Signature, typed or printed name of registered	agent and title if applicable. (SAND DIRECTORS	(NOTE: Flegistered	Agent signature require	od when reinstating! ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	
Signature, typed or printed name of registered. OFFICERS						
12. OFFICERS DP DODNISON DITTLE	S AND DIRECTORS	13.	TLE		CERS AND DIREC	
12. OFFICERS TITLE DP ROBINSON, RUTH D SIREEI ADDRESS 1114 5TH STREET	S AND DIRECTORS	13. 1.1 Til 1.2 NA	TLE		CERS AND DIREC	
12. OFFICERS ITILE DP ROBINSON, RUTH D 1114 5TH STREET PALMETTO, FL 00000	S AND DIRECTORS	13. 1.1 Til 1.2 NA 13 ST 1.4 Ci	ILE AME REEI ADDRESS TY-ST-ZIP		CERS AND DIREC	e Addition
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SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

722, 2512 Deytiffe Prone #