

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 749833 (0)  
1. Corporation Name

PENTECOSTAL REVIVAL CENTER, INCORPORATED

Principal Place of Business

Mailing Address

3204 HWY 301  
ELLENTON FL 34222

3204 HWY 301  
ELLENTON FL 34222-2122



3. Date Incorporated or Qualified  
11/19/1979

3a. Date of Last Report  
02/21/1996

4. FEI Number  
59-2004830

Applied For  
Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

ROBINSON, D. R.  
1114 5TH STREET  
PALMETTO FL 33561

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

Signature (sign or print name of registered agent and file if applicable)

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1

TITLE

Change  Addition

NAME  
ROBINSON, RUTH D  
STREET ADDRESS  
1114 5TH STREET  
CITY- ST- ZIP  
PALMETTO, FL 00000

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY- ST- ZIP

TITLE  DELETE  
NAME  
STD  
DEGEORGE, LYDIA  
STREET ADDRESS  
1535 1ST AVE W  
CITY- ST- ZIP  
BRADENTON, FL 00000

2.1

TITLE

Change  Addition

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY- ST- ZIP

TITLE  DELETE  
NAME  
D  
GRIFFIN, E A  
STREET ADDRESS  
1214 22ND AVE W  
CITY- ST- ZIP  
PALMETTO, FL 00000

3.1

TITLE

Change  Addition

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY- ST- ZIP

TITLE  DELETE  
NAME  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1

TITLE

Change  Addition

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY- ST- ZIP

TITLE  DELETE  
NAME  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1

TITLE

Change  Addition

5.2

NAME

5.3

STREET ADDRESS

5.4

CITY- ST- ZIP

TITLE  DELETE  
NAME  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1

TITLE

Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \* 0062334

D.R. Robinson D.R. ROBINSON 1/20/97 (941 7222512)

CR2E037 (9/96)