

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
1995

APPROVED  
AND  
FILED

05/11/1995 10:15

DOCUMENT # **F93000004874 (4)**

THE LOUISVILLE REVIVAL CENTERS INC.

(DO NOT WRITE IN THIS SPACE)

1. Principal Place of Business <b>1731 SW 87 TERRACE MIRAMAR FL 33025</b>		2a. Mailing Address <b>1731 SW 87 TERRACE MIRAMAR FL 33025</b>		3. Date Incorporated or Chartered <b>10/28/1993</b>	3a. Date of Last Report <b>08/30/1994</b>
2. Principal Place of Business <b>21 BIS N.E. 125<sup>th</sup> ST</b>		2b. Mailing Address <b>26 Same BIS NE 125<sup>th</sup> ST</b>		4. FEI Number <b>61-1057752</b>	Applied for <input type="checkbox"/> Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>North Miami FL</b>		27 <b>North Miami FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33161 USA</b>		29 <b>33161 USA</b>		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>MCCLURE, INA</b> <b>1731 SW 87 TERRACE</b> <b>MIRAMAR FL 33025</b>	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	<b>FL</b>
		85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>PARRETT, DWIGHT PASTOR</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1731 SW 87 TERRACE</b>	CITY, ST, ZIP <b>MIRAMAR FL 33025</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
TITLE <b>VD</b>	NAME <b>MCCLURE, INA</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1731 SW 87 TERRACE</b>	CITY, ST, ZIP <b>MIRAMAR FL 33025</b>	22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
TITLE <b>SD</b>	NAME <b>PARRETT, TERRY</b>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1731 SW 87 TERRACE</b>	CITY, ST, ZIP <b>MIRAMAR FL 33025</b>	32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
TITLE <b>TD</b>	NAME <b>ANDERSON, ROBERT</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1731 SW 87 TERRACE</b>	CITY, ST, ZIP <b>MIRAMAR FL 33025</b>	42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	62 NAME	
		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

**SD**  
**Parrett T/O**  
**1731 SW 87 Terr**  
**MIRAMAR FL 33025**

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(9)(b), Florida Statutes. I further certify that the information is not part of the annual report or supplemental annual report as 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 prepare this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 of this filing is required, or is an alternate method with an addition.

SIGNATURE: Dwight Parrett Dwight Parrett PD 5/7/95 305 892-0008