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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000004874 (4)

1. Corporation Name

THE LOUISVILLE REVIVAL CENTERS INC.



Principal Place of Business

Mailing Address

815 NE 125TH ST
N MIAMI FL 33161
US

815 NE 125TH ST
N MIAMI FL 33161-5711
US

3. Date Incorporated or Qualified
10/28/1993

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

61-1057752

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLURE, INA
1731 SW 87 TERRACE
MIRAMAR FL 33025

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PD
STREET ADDRESS PARRETT, DWIGHT PASTOR
CITY-ST-ZIP 1731 SW 87 TERRACE
MIRAMAR FL 33025

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME VD
STREET ADDRESS MCCLURE, INA
CITY-ST-ZIP 1731 SW 87 TERRACE
MIRAMAR FL 33025

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME SD
STREET ADDRESS FLO, PARRETT
CITY-ST-ZIP 1731 SW 87TH TERRACE
MIRAMAR FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME TD
STREET ADDRESS ANDERSON, ROBERT
CITY-ST-ZIP 1731 SW 87 TERRACE
MIRAMAR FL 33025

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
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
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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97
Date

(305) 892-0000
Daytime Phone # 003 1606

CR2E037 (9/96)