

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90050 032 ****70.00

DOCUMENT # N00000001572

1. Entity Name

REVIVAL CENTER COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

**7816 WICHITA WAY
TAMPA FL 33619**

Mailing Address

**7816 WICHITA WAY
TAMPA FL 33619**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3630158

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, ALBERTHA
7816 WICHITA WAY
TAMPA FL 33619**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLIAMS, ALBERTHA
7816 WICHITA WAY
TAMPA FL 33619** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DURANT, FNNIE E
3211 N. COLD ST
TAMPA FL 33605** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WILLIAMS, SIDNEY
7816 WICHITA WAY
TAMPA FL 33619** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PETERSON, MARY
3001 N STAR STREET
TAMPA FL 33605** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLDER, GLADYS
2912 WINDERMERE OAKS LN #101
RIVERVIEW FL 33569** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Fannie E. Durant
3211 N Cord St
Tampa FL 33605** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I 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 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: Alberta Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)