

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003227

1. Entity Name

REVIVAL TEMPLE OF HOLLYWOOD INC.

Principal Place of Business

1649 S 21 AVENUE
HOLLYWOOD FL 33023

Mailing Address

1649 S 21 AVENUE
HOLLYWOOD FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1009978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENNERMAN, SONIA
1649 S 21 AVENUE
HOLLYWOOD FL 33023

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PENNERMAN, ANDREW
STREET ADDRESS 1649 S 21 AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

TITLE
NAME ELUKIA PENNERMAN
STREET ADDRESS 2610 BASS WAY
CITY-ST-ZIP Cooper City FL 33026 ☐ Change ☒ Addition

TITLE TD
NAME GOODGAME, LORETTA
STREET ADDRESS 7530 GRENADA BLVD
CITY-ST-ZIP MIRAMAR FL 33023 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BRYDEN, MARJORIE
STREET ADDRESS 7081 NW 21 COURT
CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

Sonia Pennerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

954 4385616

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90434 006 ****61.25

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DO NOT WRITE IN THIS SPACE

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