

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90125 001 \*\*\*140.00

**DOCUMENT # N00000007451**

1. Entity Name  
**REVIVING WORD MINISTRY, INC.**



Principal Place of Business  
17230 N.W. 33RD CT.  
OPA LOCKA, FL 33056 US

Mailing Address  
17230 N.W. 33RD CT.  
OPA LOCKA, FL 33056 US

**66001513**



02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-1112277**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TATE, BERYL S  
17230 N.W. 33RD CT.  
OPA LOCKA, FL 33056

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Beryl S. Tate*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/7/06*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
TATE, BERYL S  
17230 N.W. 33RD CT.  
OPA LOCKA, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
TATE, BERYL S  
17230 N.W. 33RD CT.  
OPA LOCKA, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
RILEY, TOMEKA  
17230 N.W. 33RD CT.  
OPA LOCKA, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
TATE, YVONNE  
17230 N.W. 33RD CT.  
OPA LOCKA, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Beryl S. Tate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/7/06*