

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 09, 2007 8:00 am
Secretary of State

03-27-2007 90017 006 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # NO1000003561 1. Entity Name NEW REVELATION FULL GOSPEL TEMPLE, INC.					
Principal Place of Business 903 N.E. OSCEOLA SUITE B OCALA FL 34470 US		Mailing Address P.O. BOX 3252 OCALA FL 34470 US			
2. Principal Place of Business - No P.O. Box # <i>903 N.E. Osceola, SUITE B</i>		3. Mailing Address <i>P.O. Box 3252</i>			
City & State <i>OCALA FL</i>		City & State <i>OCALA FL</i>		4. FEI Number NO-T APPLICABLE	
Zip <i>34470</i>		Zip <i>34478</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, LEON SR. 536 SW MARTIN LUTHER KING, JR. AVE. OCALA FL 34474				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME WHITE, LEON SR	STREET ADDRESS 536 SW MARTIN LUTHER KING JR DR	CITY-STATE-ZIP OCALA FL 34474	<input type="checkbox"/> Delete	
TITLE VS	NAME WHITE, CAROLYN E	STREET ADDRESS 536 SW MARTIN LUTHER KING JR DR	CITY-STATE-ZIP OCALA FL 34474	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME BOSTICK, IRA-BELLE	STREET ADDRESS 714 SW 2ND ST	CITY-STATE-ZIP OCALA FL 34474	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME BRIGHT, SHARONLYN	STREET ADDRESS 1421 SW 27TH AVE 2103	CITY-STATE-ZIP OCALA FL 34474	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Tyuston, Sharonlyn Bright 5721 NW 61st Ln. Ocala, FL 34482</i>
TITLE T	NAME WHITE, TIERRA	STREET ADDRESS 1421 SW 27TH AVE 2807	CITY-STATE-ZIP OCALA FL 34474	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Maxwell, Tierra White 2216 NE 35th St Ocala, FL 34479</i>
TITLE 	NAME 	STREET ADDRESS 	CITY-STATE-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Pastor Leon White</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					