

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003561

FILED
Apr 20, 2009
Secretary of State

Entity Name: NEW REVELATION FULL GOSPEL TEMPLE, INC.

Current Principal Place of Business:

903 N.E. OSCEOLA
SUITE B
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3252
OCALA, FL 34470 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, LEON SR.
536 SW MARTIN LUTHER KING, JR. AVE.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, LEON SR
Address: 536 SW MARTIN LUTHER KING JR DR
City-St-Zip: Ocala, FL 34474

Title: VS () Delete
Name: WHITE, CAROLYN E
Address: 536 SW MARTIN LUTHER KING JR DR
City-St-Zip: Ocala, FL 34474

Title: T () Delete
Name: BOSTICK, IRA-BELLE
Address: 714 SW 2ND ST
City-St-Zip: Ocala, FL 34474

Title: T () Delete
Name: GUYTON, SHARONLYN B
Address: 5721 NW 61ST LN
City-St-Zip: Ocala, FL 34482

Title: T () Delete
Name: WHITE, TIERRA W
Address: 2216 NE 35TH ST
City-St-Zip: Ocala, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN WHITE

VS

04/20/2009

Electronic Signature of Signing Officer or Director

Date