2002 UNIFORM BUSINESS REPORT (UBR) FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # N0100003968 REVIVAL OUTREACH CHURCH, INC. 05-28-2002 91784 027 ****70.00 Principal Place of Business Mailing Address 1000 SOUTH TAMIAMI TRAIL 1000 SOUTH TAMIAMI TRAIL SARASOTA FL 34236 RATIORA SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 1913 NORTHEATE BLUD. 1913 NORTHGATE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For GARASTA PRASOTA ----6-5<u>-11.1-0.0</u>0<u>-7</u>-Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34234 ARASOTA SARASOTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CAMPANA, JIMMY ALBERTO 1000 SOUTH TAMIAMI TRAIL NORTHGATE SARASOTA FL 34236 Zip Code 34234 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DIRECTOR Addition ☐ Delete TITLE ☐ Change NAME CAMPANA, JIMMY ALBERTO MANUEL FERNANDO BEJARANO NAME STREET ADDRESS 5272 BOX TURTLE CIRCLE STREET ADDRESS 1812 MARCIA ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 SAKASOM I TITLE Delete TITLE Change ☐ Addition PITTS, RANDOLPH NAME NAME STREET ADDRESS STREET ADDRESS 5180 PINE TERRACE CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 34286 TITLE Delete TITLE ☐ Change ☐ Addition Breakstone, Steven A NAME NAME STREET ADDRESS 4076 KIND RICHARD DRIVE STREET ADDRESS CITY-ST-7IP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SANCHEZ, MARILLAT NAME STREET ADDRESS 1804 MARCIA STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition POLYAK, DANIEL NAME NAME STREET ADDRESS PO BOX 369 STREET ADDRESS CITY-ST-ZIP TALLAVAST FL 34270 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.