

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90036 024 ****70.00

DOCUMENT # N02000000208 1. Entity Name CHRISTIAN REVIVAL TABERNACLE CHURCH, INC.					
Principal Place of Business 389 CARRINGTON DRIVE WESTON, FL 33326 US				Mailing Address 389 CARRINGTON DRIVE WESTON, FL 33326 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 9762			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CORAL SPRINGS FL		4. FEI Number 04-3592837	
Zip 33075		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARUGHESE, GEORGE 389 CARRINGTON DRIVE WESTON, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD VARUGHESE, GEORGE REV <input type="checkbox"/> Delete 389 CARRINGTON DRIVE WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARUGHESE, GEORGE REV. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 389 CARRINGTON DRIVE WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KURIAN, K.P. <input type="checkbox"/> Delete 2793 NW 104TH AVE, #109 SUNRISE, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KURIAN, K.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2793 NW 104TH AVE #109 SUNRISE, FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMUEL, PHILIP <input type="checkbox"/> Delete 870 SE 14TH ST NAPLES, FL 34117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMUEL, PHILIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 870 SE 14th STREET NAPLES, FL 34117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL, DAVID <input type="checkbox"/> Delete 9697 ARBOR OAKS LANE #303 BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUL, DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4992 N CITATION DR # 204 DELRAY BEACH FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, MONY <input type="checkbox"/> Delete 12318 NW 28TH CT CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOB, MONY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12318 NW 28TH CT CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LEJOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5790 LAKESIDE DR # 1010 MARGATE, FL 33063	
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: REV. GEORGE VARUGHESE (President)					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 03/31/2008 <small>Daytime Phone #</small> (954)482-3546		

ATTACHMENT

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JEYASINGH, JOHN S
6260 NW 173 STREET #1108
MIAMI, FL 33015

ATTACHMENT

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CHRISTIAN REVIVAL TABERNACLE CHURCH, INC.

P.O. Box 9762 Coral Springs, FL 33075

Florida Department of State

Ref: Not-Profit Corporation Annual Report

Date: March 31, 2008

Dear Sir/ Madam,

Enclosed please find our Annual Report and a check in the amount of \$70.00. We have seven officers / directors this year. Please see the Annual Report with an attachment sheet showing John S Jeyasingh's address information.

Our church officers/ directors this year are the following:

Rev George Varughese (President)

K.P. Kurian (Vice President)

David Paul (Secretary)

Mony Jacob (Treasurer)

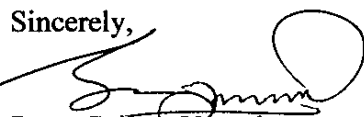
Philip Samuel (Director)

Lejoe Thomas (director)

John S Jeyasingh (Director)

If you have any questions, please call me at (954) 482-3546

Sincerely,



Rev . George Varughese
March 31, 2008