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# FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02908 (4)

1. Corporation Name

THE REVIVE PRESBYTERIAN CHURCH TABERNACLE OF DAV ID, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9100 EL PORTAL DRIVE<br>TAMPA FL 33604 | 9100 EL PORTAL DRIVE<br>TAMPA FL 33604 |

3. Date Incorporated or Qualified: 05/07/1984

4. FEI Number: 59-2865194 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

SOTOLONGO, ISRAEL
3412 W CARACAS ST.
TAMPA FL 33614

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PDC | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOTOLONGO, ISRAEL J. | | 1.2 NAME | |
| STREET ADDRESS | 3412 W CARACAS ST | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33614 | | 1.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | GUZMAN,SOBEIBA | | 2.2 NAME | |
| STREET ADDRESS | 4401 N. 15TH STREEET | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33610 | | 2.4 CITY-ST-ZIP | |
| TITLE | DM | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOTOLONGO, MARIA I. | | 3.2 NAME | |
| STREET ADDRESS | 3412 W CARACAS ST | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | | 3.4 CITY-ST-ZIP | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | LIMA, ONOFRE | | 4.2 NAME | |
| STREET ADDRESS | 6935 W.MOHAWK AVE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33634 | | 4.4 CITY-ST-ZIP | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOTOLONGO, ISRAEL, M | | 5.2 NAME | |
| STREET ADDRESS | 3412 W CARACA ST | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Signature Required Sotolongo 1/12/98 933-9710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #