

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90034 046 ****70.00

DOCUMENT # N02908

1. Entity Name

**THE REVIVE PRESBYTERIAN CHURCH TABERNACLE OF DAV
ID, INC.**



Principal Place of Business

**9100 EL PORTAL DRIVE
TAMPA FL 33604**

Mailing Address

**9100 EL PORTAL DRIVE
TAMPA FL 33604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2865194**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SOTOLONGO, ISRAEL
3412 W CARACAS ST.
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name **Sotolongo, Israel J.**

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

1108 willow Pines CT.

City **Tampa**

FL

Zip Code

33604

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS ~~\$61.25~~

\$ 70.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDC**
NAME **SOTOLONGO, ISRAEL J.**
STREET ADDRESS **3412 W CARACAS ST**
CITY-ST-ZIP **TAMPA FL 33614**

☐ Delete

TITLE **SD**
NAME **GUZMAN, SOBEIBA**
STREET ADDRESS **4401 N. 15TH STREET**
CITY-ST-ZIP **TAMPA FL 33610**

☐ Delete

TITLE **DM**
NAME **SOTOLONGO, MARIA I.**
STREET ADDRESS **3412 W CARACAS ST**
CITY-ST-ZIP **TAMPA FL**

☐ Delete

TITLE **T**
NAME **LIMA, ONOFRE**
STREET ADDRESS **6935 W. MOHAWK AVE**
CITY-ST-ZIP **TAMPA FL 33634**

☐ Delete

TITLE **VD**
NAME **SOTOLONGO, ISRAEL, M**
STREET ADDRESS **3412 W CARACA ST**
CITY-ST-ZIP **TAMPA FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDC**
NAME **Sotolongo, Israel**
STREET ADDRESS **1108 willow Pines CT.**
CITY-ST-ZIP **Tampa, FL 33604**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **M**
NAME **Ajo, Henry**
STREET ADDRESS **19803 Morden Blush Dr.**
CITY-ST-ZIP **Tampa, FL 33558**

☐ Change ☒ Addition

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/6/03 (813) 932-9331

CR2E037 (10/02)