

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90110 012 ****70.00

DOCUMENT # N06987

1. Entity Name

APOSTOLIC FAITH REVIVAL CENTER, INC.



Principal Place of Business

2485 45TH ST
VERO BEACH FL 32967

Mailing Address

P.O. BOX 5052
VERO BEACH FL 32961

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

59-2610335

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRUFF, MARLENE
6616 51ST AVE
VERO BEACH FL 32967

Name

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

City

FL

Zip Code

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

04-25-2005

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 NAME PCMC
NAME MCGRUFF, MARLENE ☐ Delete
STREET ADDRESS PO BOX 2602
CITY-ST-ZIP VERO BEACH FL 32961

TITLE NAME VDD
NAME SHUTONNA, MCGRUFF ☐ Delete
STREET ADDRESS 4555 48TH AVE
CITY-ST-ZIP VERO BEACH FL 32967

TITLE NAME T
NAME MCGRUFF, RHONDA ☐ Delete
STREET ADDRESS 4555 48TH AVE
CITY-ST-ZIP VERO BEACH FL 32967

TITLE NAME C
NAME SIMMONS, TAMERA ☐ Delete
STREET ADDRESS PO BOX 2062
CITY-ST-ZIP VERO BEACH FL 32961

TITLE NAME SD
NAME CYPRESS, ALISSIA ☐ Delete
STREET ADDRESS 4496 29TH AVE. APT. A
CITY-ST-ZIP VERO BEACH FL 32967

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 2602
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alissia Cypress

4/25/05

(772) 562-5903

Date

Daytime Phone #