

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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



01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

MCGRIFF, MARLENE
6616 51ST AVE.
VERO BEACH, FL 32967

**DO NOT WRITE
IN THIS SPACE**

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. *N/A - no changes*

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCM
NAME	MCGRIFF, MARLENE
STREET ADDRESS	PO BOX 2602
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	VD
NAME	SHUTONNA, MCGRIFF
STREET ADDRESS	4555 48TH AVE.
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	T
NAME	MCGRIFF, RHONDA
STREET ADDRESS	4555 48TH AVE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	C
NAME	SIMMONS, TAMERA
STREET ADDRESS	PO BOX 2602
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	SD
NAME	CYPRESS, ALISSIA
STREET ADDRESS	4496 29TH AVE. APT. A
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/25/06-80013-015 70.00

**DO NOT WRITE
IN THIS SPACE**

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 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)

1-17-06

Date

Daytime Phone #

(772) 559-1301
(772) 562-8903