


FILE NOW: FILING FEE IS \$61.25

FILED
Sep 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N07568 (1)
 1. Corporation Name
PENTECOSTAL TEMPLE REVIVAL CENTER, INC.



Principal Place of Business 2050 NW 27TH ST OAKLAND PARK FL 33311 US	Mailing Address 6541 FALCONSGATE AVENUE DAVIE FL 33331-3910
--	---

3. Date Incorporated or Qualified 02/11/1985	3a. Date of Last Report 04/15/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2721390	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent

**CARMEN, DOMINGUEZ FRICK
5801 SUNCREST DR
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	BRANTLEY, WILLIE ALBERT	
STREET ADDRESS	6541 FALCONSGATE AVENUE	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEMBERS, KENNETH	
STREET ADDRESS	451 SW 12 AVE. #3	
CITY-ST-ZIP	DANIA FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	SCOTT, RONALD	
STREET ADDRESS	1520 NW 16TH LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, SHIRLEY	
STREET ADDRESS	2635 NW 20TH AVE #2	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V/C/D	<input type="checkbox"/> DELETE
NAME	BRANTLEY, CHERYL	
STREET ADDRESS	6541 FALCONSGATE AVE.	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	M/TR/D	<input type="checkbox"/> DELETE
NAME	KEITH, NETTIE	
STREET ADDRESS	2050 N.W. 27TH ST.	
CITY-ST-ZIP	OAKLAND PK. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD MELINDA JACKSON
2.3 STREET ADDRESS	4204 S.W. 27TH ST
2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JANIE GADSON (MOS)
4.3 STREET ADDRESS	2352 Schall Circle
4.4 CITY-ST-ZIP	West Palm beach, Fla. 33417
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Willie Albert Brantley* 9/14/97 (954) 434-9017

CR2E037 (9/96)