FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N07568**

1. Corporation Name

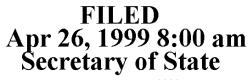
PENTECOSTAL TEMPLE REVIVAL CENTER, INC.

Principal Place of Business 2050 NW 27TH ST OAKLAND PARK FL 33311

Mailing Address

6541 FALCONSGATE AVENUE

DAVIE FL 33331



04-26-1999 90004 007 ****61.25



	Place of Business 2a. Mailing Address				02/11/1985			
21		Suite, Apt. #, etc.			4. FEI Number	- I · Ian	plied For	
	Apt. #, etc. Suite, Apt. #, etc.				59-2721390		t Applicable	
22 City 9 Cto		City & State				\$8.75		
City & Stat	ry & State 28				5. Certifcate of Status Desired	Fee Re		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30	0		Trust Fund Contribution	Added t	o Fees	
	9. Name and Address of Current	Registered Agent		···	10. Name and Address of New Regis	stered Agent		
-			81	Name				
CARMEN, DOMINGUEZ FRICK				82 Street Address (P.O. Box Number is Not Acceptable)				
5801 SUNCREST DR				52 Street Address (F.O. Dox Humber is Not Acceptable)				
MIAMI FL 33156					1		•	
MIAMIFL	33 130							
	54 h		84	City	The second of th	FL 85 Zip C	200 0	
11 D	to the previous of Continue 617 0502	and 617 1508 Florida Statutes	the above	anamed corr	poration submits this statement for the purp	ose of changing its	registered	
office or I	registered agent or both in the State Of	r Florida. Such chande was autr	IODZEG DV	ine corporati	on's board of directors. I hereby accept the	appointment as re-	gistered	
agent. I a	im familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes	:				
SIGNATURE	·		· · · · ·			ATE		
40	Signature, typed or printed name of registered agent a		gistered Agen	t signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
12.	OFFICERS AND	DELETE			ADDITIONA/OFFARIOES TO STEELS	Change	Addition	
TITLE	DPC	□ pere⊥e	1.1 TITLE	•				
NAME	BRANTLEY, WILLIE ALBERT		1.2 NAME		•			
STREET ADDRESS	6541 FALCONSGATE AVENUE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST	r-ZIP				
TITLE	TR	☐ DELETE	2.1 TITLE		•	☐ Change	☐ Addition	
NAME	JACKSON, MELINDA		2.2 NAME					
STREET ADDRESS	4204 SW 27TH ST		2.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL	and the second second	2.4 CITY-S	T-ZIP -	and the government	sijeda e s		
TITLE	MD	☐ DELETE	3.1 TITLE	,	•	~~ Change	☐ Addition	
NAME	SCOTT, RONALD		3.2 NAME	'	•	•		
STREET ADDRESS	Laboration and the same		3.3 STREET	ADDRESS				
	FT LAUDERDALE FL		3.4. CITY-S	T. 710	•			
CITY-ST-ZIP	TDS	☐ DELETE	4.1 TITLE			Change	Addition	
	GADSON, JANIE		4. 2 NAME					
NAME	•		4.3 STREET	ADDRESS		•	•	
STREET ADDRESS								
CITY-ST-ZIP	WEST PALM BEACH FL	☐ DELETE	4.4 CITY-S	1 · ZIF	<u> </u>	☐ Change	☐ Addition	
TITLE	VCD	□ Dereie	5.1 IIILE 5.2 NAME	ł		_ 590		
NAME	BRANTLEY, CHERYL		5.3 STREET	ADDOESS		•	•	
STREET ADDRESS								
CITY-ST-ZIP	DAVIE FL		5.4 CITY-S	I-ZIP		. Dobei	T Addition	
TITLE	MTD	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME,	KEITH, NETTIE		6.2 NAME					
STREET ADDRESS	2050 N.W. 27TH ST.		6.3 STREET	ADDRESS				
CITY, ST. 7IP	DAKLAND PK FI		6.4 CITY-S	T-ZIP				

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, with all other like empowered.

SIGNATURE: