2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# N08377

Entity Name: MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

%GLENN W. LAWRENCE
2085 NW 97TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

%GLENN W. LAWRENCE
2085 NW 97TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-2246098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE, GLENN W
2085 NW 97TH STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAWRENCE, GLENN W.,
Address: 2010 NW 98 STREET
City-St-Zip: MIAMI, FL 33147

Title: T/S ( ) Delete
Name: KNIGHT, LYDIA M,
Address: 2130 NW 86TH TERRACE
City-St-Zip: MIAMI, FL 33147

Title: E ( ) Delete
Name: MONTGOMERY, ARNOLD R
Address: 17671 SW 31 COURT
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete
Name: SEYMORE, RODERICK
Address: 16512 S.W. 18 STREET
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYDIA M. KNIGHT T/S 01/28/2008

Electronic Signature of Signing Officer or Director Date