

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08377

FILED
Jan 07, 2011
Secretary of State

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

Current Principal Place of Business:

MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD
2085 NW 97TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD
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 (X)**

Name and Address of Current Registered Agent:

SCOTT, SELWYN M PASTOR
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
Name: SCOTT, SELWYN M PASTOR
Address: 2085 NW 97 STREET
City-St-Zip: MIAMI, FL 33147

Title: BD
Name: BYER, MERVITA ELDER
Address: 19410 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V CBD
Name: MONTGOMERY, ARNOLD R ELDER
Address: 17671 SW 31 COURT
City-St-Zip: MIRAMAR, FL 33029

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

Title: BD
Name: WRIGHT-JONES, SABRINA
Address: 14320 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33168

Title: BD
Name: COKE, KEITH
Address: 19740 NW 4TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33169

I hereby 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 all other like empowered.

SIGNATURE: SELWYN M. SCOTT

PD

01/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date