

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N24802

1. Entity Name  
NEIGHBORHOOD BIBLE WAY REVIVAL CENTER, INC.



Principal Place of Business  
521 NORTH 13TH STREET  
FORT PIERCE, FL 34950

Mailing Address  
521 NORTH 13TH STREET  
FORT PIERCE, FL 34950



01292007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. F LI Number  
65-0025330

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, RALPH L.  
5104 SAN DIEGO AVE.  
FORT PIERCE, FL 34948

**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.

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, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BARRON, WALTER B.  
STREET ADDRESS 5102 CORAL AVENUE  
CITY-ST-ZIP FORT PIERCE, FL

TITLE D  
NAME BARRON, DOROTHY  
STREET ADDRESS 5102 CORAL AVENUE  
CITY-ST-ZIP FORT PIERCE, FL

TITLE D  
NAME MCGEE, DIANE  
STREET ADDRESS 201 SANDALWOOD DR  
CITY-ST-ZIP FORT PIERCE, FL 34947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000615503  
02/06/07-80074-013 61.25

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Barron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07

337-5600