

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90032 027 ****61.25

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**

90010020



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0025330

Applied For
Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/08