## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

REVIV	AL EVANGELISTIC CHURC	CH INC.				
İ						
Principal Place of Business Mailing Address					•	
1221 N.E. 11TH	4 STREET	1221 N.E. 11TH STREET				2.0
APT. H 101 APT. H 101						3. Date Incorporated or Qualified
HOMESTEAD FL 33033 HOMESTEAD FL 33033						07/11/1989 4- FEI Number   Applied For
						65-0200551 Not Applicab
Principal Place of Business     2a. Mailing Address						
21		26				5. Certificate of Status Desired Section Section 55. Certificate of Status Desired Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
City & Stat	le	City & State				Trust Fund Contribution
23		— ·	28			7. Is this nonprofit corporation a homeowners association?
Zip			Cour	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes II No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
			-	81   1	Name	
CINTRO	N, VICTOR M.		1	82 5	Street Addres	ess (P.O. Box Number is Not Acceptable)
	.W. 303 STREET		_			
HOMEST	FEAD FL 33033		]4	83		'
			[8	84 (	City	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617,1508. Florida Stat	utes, the abo	ove-n	amed corpo	
office or r	egistered agent, or both, in the Sta	te of Florida, Such change was	s authorized	by th	ne corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	and about the	gadons of, occasii o ir iococ, i	iona olala	acos.		•
	Signature, typed or printed name of registered a	igent and little if applicable. (No	OTE: Registered	Agent s	signature required	d when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITL	-E	1	Change Additio
NAME	CINTRON, VICTOR M.		1.2 NAN			
STREET ADDRESS	16316 S.W. 303 STREET		1.3 STR			
CITY-ST-ZIP	HOMESTEAD FL 33033		1.4 CITY		OP (	
TITLE NAME	SVP	DELETE	2.1 TITE			Change  Additio
	ROSADO RIVERA, CARMEN		2.2 NAM			
STREET ADDRESS	16316 S.W. 303 STREET		2.3 STRE		·	
CITY-ST-ZIP TITLE	HOMESTEAD FL 33033			2. 4 CITY-ST-ZIP 3.1 TITLE		Character of Addition
NAME	DADILLA MILLICA					Change Addition
STREET ADDRESS	PADILLA, NIULKA	)T LI404	3.2 NAM			•
	1221 N.E. 11TH STREET, AF HOMESTEAD FL 33033	1. 1101	3.3 STR			
CITY-ST-ZIP	D	DELETE	3.4. CITY 4.1 TITL		AP I	Change Addition
NAME	RAFFORD, VIDIALIS		4.1 IIIL			: Change Addition
STREET ADDRESS	8900 SW 142 AVENUE, APT.	200	4. 2 NAN 4.3 STRE		ancee	i
CITY-ST-ZIP	MIAMI FL 33186	. 309	4.4 CITY			
TITLE	BID WHI 1 E 00 100	DELETE	5.1 TITLE		17	☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAM			- Johnson - Addition
STREET ADDRESS			5.3 STRE		nress	
CITY-ST-ZIP			5.4 CITY			· .
TITLE		☐ DELETE	6.1 TITLE		"	Change Addition
NAME			6.2 NAM			,
STREET ADDRESS			6.3 STRE	_	ORESS	Į.
ıl.						

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

01-09-98 (305) 247-5092

**FILED** 

Feb 02 1998 8:00am

Secretary of State