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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N33188

(6)

1. Corporation Name

REVIVAL EVANGELISTIC CHURCH INC.

Principal Place of Business

Mailing Address

1255 N.E. 11TH ST.  
APT. E 202  
HMD. FL. 33030

1255 N.E. 11TH ST.  
APT. E 202  
HMD. FL. 33030

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

30

9. Name and Address of Current Registered Agent

CINTRON, VICTOR M.  
16316 S.W. 303 STREET  
HOMESTEAD, FL. 33033

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [ ] DELETE

NAME CINTRON, VICTOR M.

STREET ADDRESS 16316 S.W. 303 ST.

CITY-ST-ZIP HOMESTEAD, FL. 33033 [ ] DELETE

TITLE SVP

NAME ROSADO RIVERA, CARMEN

STREET ADDRESS 16316 S.W. 303 ST.

CITY-ST-ZIP HOMESTEAD, FL. 33033 [ ] DELETE

TITLE D

NAME PADILLA, NIULKA

STREET ADDRESS 1255 N.E. 11TH ST.

CITY-ST-ZIP HOMESTEAD, FL. 33030 [ ] DELETE

TITLE D

NAME RAFFORD, VIDIALIS

STREET ADDRESS 8900 S.W. 142 AVE. APT. 309

CITY-ST-ZIP MIAMI, FL. 33186 [ ] DELETE

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

[ ] Change [ ] Addition

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[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Niulka Padilla Niulka Padilla 01-24-99 245-6312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 FEB -1 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E037 (11/98)