

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N33188**

1. Entity Name  
**REVIVAL EVANGELISTIC CHURCH INC.**



Principal Place of Business  
**1255 N.E. 11TH STREET  
APT. E 202  
HOMESTEAD, FL 33030**

Mailing Address  
**1255 N.E. 11TH STREET  
APT. E 202  
HOMESTEAD, FL 33030**



01162006 No Chg-NP CR2EQ37 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0200551** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CINTRON, VICTOR M
STREET ADDRESS	16316 S.W. 303 STREET
CITY - ST - ZIP	HOMESTEAD, FL 33033
TITLE	SVP
NAME	ROSADO RIVERA, CARMEN
STREET ADDRESS	16316 S.W. 303 STREET
CITY - ST - ZIP	HOMESTEAD, FL 33033
TITLE	D
NAME	PADILLA, NIULKA
STREET ADDRESS	1255 N.E. 11TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33033
TITLE	D
NAME	RAFFORD, VIDIALIS
STREET ADDRESS	8900 SW 142 AVENUE, APT. 309
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000399559  
02/01/06-80017-017 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:** *Niulka Padilla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-31-06* *305 720 5186*  
Date Daytime Phone #