

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35332

1. Entity Name

REVIVAL FAITH CENTER #2, INC.

Principal Place of Business

Mailing Address

2318 YORK ST
OPA LOCKA FL 33054

2318 YORK ST
OPA LOCKA FL 33054-4038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0173906

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MORGAN, PHILIP J
STE 1800
200 LAS OLAS BLVD
FT LAUDERDALE FL 33301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GAUSE, JAMES MCARTHUR
STREET ADDRESS 2318 YORK ST
CITY-ST-ZIP OPA LOCKA FL ☐ Delete

TITLE SD
NAME GAUSE, MERILYN
STREET ADDRESS 2318 YORK ST
CITY-ST-ZIP OPA LOCKA FL ☐ Delete

TITLE VD
NAME DILLARD, JANICE
STREET ADDRESS 7401 NW 48 PL
CITY-ST-ZIP LAUDERHILL FL ☐ Delete

TITLE D
NAME HALL, ROSALIE
STREET ADDRESS 2008 NW 186 STREET
CITY-ST-ZIP CAROL CITY FL ☐ Delete *Deceased*

TITLE D
NAME COOK, CHARLES
STREET ADDRESS 2608 NW 80
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME Willie Cook
STREET ADDRESS 2608 NW 80 ST.
CITY-ST-ZIP Miami Florida 33147 ☐ Change ☐ Addition

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

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

12. 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 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: *Bishop James McArthur Gause* 1-25-00 681-8308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90107 020 ****61.25



DO NOT WRITE IN THIS SPACE