

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90118 012 ****61.25

DOCUMENT # N35332

1. Entity Name

REVIVAL FAITH CENTER #2, INC.

Principal Place of Business

2318 YORK ST
 OPA LOCKA FL 33054

Mailing Address

2318 YORK ST
 OPA LOCKA FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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.

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

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

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

TITLE **D** ☐ Delete
 NAME **COOK, WILLIE**
 STREET ADDRESS **2608 NW 80 ST**
 CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

James McArthur Gause

4/18/001

CR2E037 (10/00)