

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90191 049 ****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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE **D** ☒ Delete
 NAME ~~**COOK, WILLIE**~~
 STREET ADDRESS ~~**3100 NW 131 ST APT 68**~~
 CITY-ST-ZIP ~~**OPA LOCKA FL 33054**~~

TITLE ☐ Change ☐ Addition
 NAME **Phillips, Samuel**
 STREET ADDRESS **3541 West Broward Blvd.**
 CITY-ST-ZIP **Fort Lauderdale, FL 33314**

TITLE **D** ☒ Delete
 NAME ~~**COOK, CHARLES**~~
 STREET ADDRESS ~~**18720 NW 27 AVE. BLDG. 9 APT 101**~~
 CITY-ST-ZIP ~~**CAROL CITY FL 33056**~~

TITLE ☐ Change ☐ Addition
 NAME **Phillips, Ora**
 STREET ADDRESS **3541 West Broward Blvd.**
 CITY-ST-ZIP **Fort Lauderdale, FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Signature of James M. Gause
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-02

(305) 681-8308

Date

Daytime Phone #

CR2E037 (9/01)