REVIVAL FAITH CENTER #2, INC.       05-19-2002 90191 049 ****61.25         Wrodpat Place of Business       Making Address         IP MIDGAR IT 3004       OPA LOCK FL 3004         State       Clay A State         IP MIDGAR IT 3004       Clay A State         ZP       Country       Zp         IP MIDGAR IT 3004       State A State Desired         State A State State Desired       State A State Desired         IP MIDGAR IT A State A State Desired       State A State Desired         IP MIDGAR IT A State A State Desired       State A State Desired         IP MIDGAR IT A State A State Desired       State A State Desired         IP MIDGAR IT A State A State Desired       State A State Desired         IP MIDGAR IT A State A State Desired       State A State Desired         IP MIDGAR IT A State Desired The State Desired Thestate A State Desired       State A State Dest	2002 UNIFORM BUS DOCUMENT # N35332	FILED May 19, 2002 8:00 am Secretary of State					
BY NORK IT ORAL DOLAR IT. 2004       281 YORK IT. ORAL DOLAR IT. 2004         IF PHICE OF ELGINEES       Suite. Apit #, cic.       Suite. Apit #, cic.       DO NOT WHITE IN THIS SPACE         City & Statu       City & Statu       City & Statu       DO NOT WHITE IN THIS SPACE         City & Statu       City & Statu       City & Statu       Sector Statu Disert       Bit Apit #, cit.         City & Statu       City & Statu       City & Statu       Sector Statu Disert       Sector	Revival Faith Center #2, Inc.						
ALLOCKA FL 33054       OPA LOCKA FL 33054         I: Principal Place of Business       I. Maling Address         Suite, Apr. F. etc.       Suite, Apr. F. etc.         City, A State       Op A State         Zip       County         Zip       County         Suite, Apr. F. etc.       Suite, Apr. F. etc.         City, A State       Op A State         City, A State       Op A State         County       Suite, Apr. F. etc.         Suite, Apr. F. etc.       Suite, Apr. F. etc.         County       Suite, Apr. F. etc.         County       Suite, Apr. F. etc.         Suite, Apr. F. etc.       County         Suite, Apr. F. etc.       Suite, Apr. F. etc.         County       Suite, Apr. F. etc.         Suite, Apr. F. etc.       Suite, Apr. F. etc.         County       Suite, Apr. F. etc.         Suite, Apr. F. etc.       Suite, Apr. F. etc.         County       Suite, Apr. F. etc.         County       Suite, Apr. F. etc.         County       Suite, Apr. F. etc.         Conty, County       Suite, Apr. F.	rincipal Place of Business	Mailing Address		_			
Sulte, Apt, #, etc.         DUNOF Writte IN THIS SPACE           City & State         City & State         City & State         Applied For           Zip         Country         Zip         Country         Zip         Country         State         In Regulated For           Xip         Country         Zip         Country         Zip         Country         State         In Regulated For           Xip         Country         Zip         Country         State         In Regulated Address of New Registered Agent         None and Address of New Registered Agent         None and Address of New Registered Agent           MORGAN, PHUP J         Street Address if Non Address of New Registered Agent         None and Address of New Registered Agent         PL         Zip Code           Xip Mordan         Street Address if Non Address of New Registered Agent Address of Non Number In Non Address of Non Address         PC         Zip Code           Xip Mordan         Street Address of Point Address of Non Number In Non Address of Non Address         PC         Zip Code           Xip Mordan         Street Address of Point Address of Non Number In Non Address of Non Nu							
Suite. Act. #, etc.         DD NOT Writte In THIS SPACE           City A. State         Chry A. State         4. FEI Number           Zip         Country         Zip         Country         S. Cettificate of Status Desired         S. 87.5 Additional Fee Required           Xip         Country         Zip         Country         S. Cettificate of Status Desired         S. 87.5 Additional Fee Required           MORGAN, PHILP J         Steef Address of Country         S. Cettificate of Status Desired         Steef Address of Non-Net Fee Required           MORGAN, PHILP J         Steef Address of Country         Steef Address of Non-Net Fee Required         Steef Address of Poo. Box Number is Not. Acceptable)           Steef Address of Poo. Box Number is Not. Acceptable)         Steef Address of Poo. Box Number is Not. Acceptable)         Steef Address of Poo. Box Number is Not. Acceptable)           Thuse Address of Poo. Box Number is Not. Acceptable to Data Box Number is Not. Acceptable to Desite in Proceed of Changing is registered Agent certex statement for the purpose of changing is registered Agent certex statement for the purpose of changing is registered Agent certex statement for the purpose of changing is registered Agent certex statement for the purpose of changing is registered Agent certex statement for the purpose of changing is registered Agent certex statement for the purpose of changing is registered Agent certex statement for the purpose of changing is registered Agent certex statement for the purpose of changing is registered Agent certex statement for the purpose of changing is registered Agent certex statemen							
City & State       City & State       4. FEI Number       Policity       Applied Formation         Zp       Country       Zp       Country       S. Certification of stude Desired       SB, 75, 84, Additional         Zp       Country       S. Certification of stude Desired       SB, 75, 84, Additional       SB, 75, 84, Additional         Grip As State       Name and Address of Current Registered Agent       Name and Address of New Registered Agent       Name and Address of New Registered Agent         MORCAM, PHUP J       Street Address (P.O. Box Number is Net Acceptable)       Street Address (P.O. Box Number is Net Acceptable)         STE 1800       Street Address (P.O. Box Number is Net Acceptable)       City       FL         The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the state of Floride.       Net Acceptable)         IMPRICE       State       Note Registered office or registered agent, or both, in the state of Floride.         IGNATURE       Implement Agent	· · · · · · · · · · · · · · · · · · ·	-					
Zip         Country         Zip         Country         6. Certificate of Status Desired         BS 75 Additional Bit 75 Additional           6. Name and Address of Durrent Registered Agent         Name         7. Name and Address of New Registered Agent         Name           MORCAN, PHUP J         Street Address of New Registered Agent         Name         Name         Name           MORCAN, PHUP J         Street Address of New Registered Agent         Name         Name         Name           MORCAN, PHUP J         Street Address (P.O. Box Number is Net Acceptable)         Street Address (P.O. Box Number is Net Acceptable)         Street Address (P.O. Box Number is Net Acceptable)           Street Address (P.O. Box Number is Net Acceptable)         Street Address (P.O. Box Number is Net Acceptable)         Street Address (P.O. Box Number is Net Acceptable)           Street Address (P.O. Box Number is Net Acceptable)         Street Address (P.O. Box Number is Net Acceptable)         Street Address (P.O. Box Number is Net Acceptable)           Street Address (P.O. Box Number is Net Acceptable)         Street Address (P.O. Box Number is Net Acceptable)         Divertable           Street Address (P.O. Box Number is Net Acceptable)         Street Address (P.O. Box Number is Net Acceptable)         Divertable           Street Address (P.O. Box Number is Net Acceptable)         Street Address (P.O. Box Number is Net Acceptable)         Divertable         Divertable         Divertable	·						
Contrast of the second of the registered Agent     Control of the second of the registered Agent			·		65-0173906 Not Applicable		
MORGAM, PHILP J     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code     City     City     FL     Zip Code     City     C						ee Required	
Wincesh, Friund 3         Still Field         City       FL         Zip Code         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.         GNATURE	6. Name and Address of Curren	Name					
200 LAS OLAS BLVD FT LAUDERDALE FL 33301       City       FL       Zip Code         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.       Intermediation of the state of Florida.         IGNATURE	-	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the state of Florida.  IGNATURE  IGNATURE IGNATUR IGNAT	STE 1800 200 LAS OLAS BLVD ET LAUDERDALE EL 22201		City				
IGNATURE			·	-			
LE       PD       ITTLE       ITTLE       ITTLE       ITTLE       ItTLE         MRE       GAUSE, JAMES MCARTTHUR       STRET ADDRESS       STRET ADDRESS       ItTLE       <							
REET ADDRESS 2318 YORK ST OPA LOCKA FL Change Addition (Change Addition) (Change Add	πε PD			ADDITIONS/CITANGES			
ILE       SD       Delete       ITTLE       ILE       IChange       Addition         MRE       GAUSE, MERILYN       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       ICH-ST-ZIP	REET ADDRESS 2318 YORK ST		STREET ADDRESS				
REET ADDRESS 2318 YORK ST OPA LOCKA FL DEILARD, JANICE REET ADDRESS CHTY-ST-ZIP LL DEILARD, JANICE REET ADDRESS CHTY-ST-ZIP LL DEILARD, JANICE REET ADDRESS CHTY-ST-ZIP LL DEILARD, JANICE REET ADDRESS CHTY-ST-ZIP LL DEILARD, JANICE REET ADDRESS CHTY-ST-ZIP REET ADDRESS CHTY-ST-ZIP REET ADDRESS CHTY-ST-ZIP D D Change Addition NME STREET ADDRESS CHTY-ST-ZIP CHTY-ST-ZIP REET ADDRESS CHTY-ST-ZIP CHTY-ST-ZIP COOK, CHARLES- REET ADDRESS CHTY-ST-ZIP REET ADDRESS CHTY-ST-ZIP REET ADDRESS CHTY-ST-ZIP CHTY-ST-ZIP COOK, CHARLES- REET ADDRESS CHTY-ST-ZIP REET ADDRESS CHTY-ST-ZIP REET ADDRESS CHTY-ST-ZIP CHTY-ST-ZIP CHTY-ST-ZIP CHTY-ST-ZIP CHTY-ST-ZIP CHTY-ST-ZIP C. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information of the corporation of the receiver of rusebore of the corporation stated in Section 119.07(3)(i), Florida Statules. I further certify that the information officer or director indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information officer or director indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information officer or director indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information officer or director indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this report o		Delete			<u>a tu Janawa a na </u>	🗋 Change 🔲 Addition	
Image       Image <td< td=""><td>REET ADDRESS 2318 YORK ST</td><td></td><td></td><td></td><td></td><td></td></td<>	REET ADDRESS 2318 YORK ST						
REET ADDRESS IV-ST-ZIP       T401 NW 48 PL LAUDERHILL FL       STREET ADDRESS CITY-ST-ZIP         IV-ST-ZIP       IV-ST-ZIP         OPA LOCKA FL 33054       IV-ST-ZIP         IV-ST-ZIP       IV-ST-ZIP         OPA LOCKA FL 33054       IV-ST-ZIP         IV-ST-ZIP       IV-ST-ZIP			- ಎಲ್ಲೇವ್ ವರ್ಷಕ್ರಿಯಾ - ಸಂತ		Change Addition		
Direction file: File       Direction file: File       Direction file: File       Direction file: F	REET ADDRESS 7401 NW 48 PL	STREET ADDRESS					
REET ADDRESS       9100 NW 131 ST APT 68- OPA LOCKA FL 33054       STREET ADDRESS       3541 West Broward Blwl.         IV-ST-ZIP       IV-ST-ZIP       IV-ST-ZIP       IV-ST-ZIP       IV-ST-ZIP         ME       COOK, CHARLES- 18720 NW 27 AVE., BLDG. 9 APT-101       IV-Blete       IV-ST-ZIP       IV-ST-ZIP         NME       STREET ADDRESS       STREET ADDRESS       SS41 West Broward BlwD.         18720 NW 27 AVE., BLDG. 9 APT-101       IV-ST-ZIP       IV-ST-ZIP       IV-ST-ZIP         CAROL CITY FL 33056       IDelete       ITLE       STREET ADDRESS       SS41 West Broward BlwD.         IV-ST-ZIP       CAROL CITY FL 33056       IV-ST-ZIP       Fort Lockardble, Fr. 33312.       IIII PS, Oro         LE       IV-ST-ZIP       Fort Lockardble, Fr. 33312.       IIII PS, Oro       IIII PS, Oro         NME       IV-ST-ZIP       Fort Lockardble, Fr. 33312.       IIII PS, Oro       IIII PS, Oro         LE       IV-ST-ZIP       IV-ST-ZIP       Fort Lockardble, Fr. 33312.       IIII PS, Oro         LE       IV-ST-ZIP       IV-ST-ZIP       IIII PS, Oro       IIII PS, Oro       IIII PS, Oro         V-ST-ZIP       IV-ST-ZIP       IV-ST-ZIP       IIII PS, Oro       IIII PS, Oro       IIII PS, Oro         IV-ST-ZIP       IV-ST-ZIP       IV-ST-ZIP <t< td=""><td>τε D</td><td>Delete</td><td></td><td>L'an conne</td><td> </td><td>Change Addition</td></t<>	τε D	Delete		L'an conne		Change Addition	
LE       D       Delete       TITLE       Duillips, Oro       Dillips, Oro         ME       18720 NW 27-AVE., BLDG. 9 APT-101       Street ADDRESS       Street ADDRESS       CITY-ST-ZIP       CAROL CITY FL 33056       Dillips, Oro       Dillips, Oro       Dillips, Oro       Oro       Dillips, Oro       Dilips, Oro       Dilips, Oro       Dil	REET ADDRESS 9160 NW 131 ST APT 68		STREET ADDRESS 35	11 West Brown			
IMME       - COOK, CHARLES- IB720 NW 27-AVE.,BLDG. 9 APT-101         IY-ST-ZIP       CAROL CITY FE 33056         ILE       Delete         MME       TITLE         ME       Delete         INTE       Change         Addition         ME       STREET ADDRESS         ITY-ST-ZIP       CAROL CITY FE 33056         ILE       Delete         ME       STREET ADDRESS         IY-ST-ZIP       Change         Addition         Operation       Delete         ITTLE       NAME         STREET ADDRESS       STREET ADDRESS         IY-ST-ZIP       City-ST-ZIP         ITTLE       Change         NAME       STREET ADDRESS         IY-ST-ZIP       City-ST-ZIP         Interport 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 if the and accurate and that my sinature 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 employmer of to execute this report as fequired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if		Delete			· · · · · ·		
ILE       Delete       TITLE       Change       Addition         IME       NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         I'Y-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         2. 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 the and accurate and that my sinature 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 employment to execute this report as Equired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if	REET ADDRESS 18720 NW 27 AVE.,BLDG. 9 AP	DDRESS 18720 NW 27-AVE.,BLDG. 9-APT-101		Hips, Ura H west Broward	d Blue.	-	
REET ADDRESS       STREET ADDRESS         TY-ST-ZIP       CITY-ST-ZIP         2. 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 employment to execute this report as Equired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if	ILE	Delete	TITLE	<u>· louchichle, [</u>	•	Change C Addition	
indicated on this report or supplemental report is the 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if	REET ADDRESS		STREET ADDRESS				
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	<ol> <li>I hereby certify that the information supplied wi indicated on this report or supplemental report</li> </ol>	th this filing does not qualify for in the second	or the exemption stated in S my signature shall have the	Section 119.07(3)(i), Florida e same legal effect as if me	Statutes. I further certif	y that the information	
	<ul> <li>of the corporation or the receiver or trustee emi- changed, or on an attachment with an address</li> </ul>	owered to execute this repor with all other like empowered	t as equired by Chapter 6 d.	17, Florida Statutes; and th	at my name appears in i	Block 10 or Block 11 if	