FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36386 (3)

1. Corporation Name

REVIVAL FAITH CENTER MISSION, INC.

Principal Place of Business	Mailing Address
2620 SW 8TH ST FT LAUDERDALE FL 33312	2620 SW 8TH ST FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1990
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0173155 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

GORDON, SHARON
2620 SW 8TH ST
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature (and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, SHARON	1.2 NAME	
STREET ADDRESS	2620 S.W. 8TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, EDWARD	2.2 NAME	
STREET ADDRESS	230 N. 69TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	Collins Delores D ☒ Change ☐ Addition
NAME	GORDON, SHAUN	3.2 NAME	230 N. 69TH Way
STREET ADDRESS	4540 N.W. 38TH STREET	3.3 STREET ADDRESS	Hollywood, FL 33024
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	Henry Sahney D ☒ Change ☐ Addition
NAME	NESTER, SIMEON	4.2 NAME	4016 Inverray Blvd Apt 157B
STREET ADDRESS	2873 S.W. FOURTH COURT	4.3 STREET ADDRESS	Lauderhill, Fl. 33319
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon Gordon Sharon Gordon President 2-5-95 305-681-4143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0044302