

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N47979 (2)**  
1. Corporation Name  
**BACK TO GOD REVIVAL CENTER INCORPORATED**



Principal Place of Business

**4422 POMPAÑO DRIVE  
TAMPA FL**

Mailing Address

**4422 POMPAÑO DRIVE  
TAMPA FL**

3. Date Incorporated or Qualified  
**03/18/1992**

3a. Date of Last Report  
**05/23/1995**

2. Principal Place of Business

2a. Mailing Address **PO Box 192425**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State **Tampa Florida**

23 Zip Country

28 Zip **33687** Country

24

29

4. FEI Number  
**59-3174797**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYD, REV. FRANK, SR  
4422 POMPAÑO DRIVE  
TAMPA FL 33617**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD BOYD, FRANK J., SR.**  
STREET ADDRESS **4422 POMPAÑO DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME **TD BOYD, SARAH E.**  
STREET ADDRESS **4422 POMPAÑO DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME **SD SHARP, EMMA L.**  
STREET ADDRESS **RT 6 BOX 567**  
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ DELETE  
NAME **D SINGLETON, DOLORES**  
STREET ADDRESS **3302 DELEUIL AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/96 (813) 971-0938**  
Date Daytime Phone #

CR2E037 (12/95)