


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N47979*  
1. Corporation Name  
*Back To God Revival Center*

Principal Place of Business Mailing Address  
*3716 E. Genesee St PO Box 292425*  
*Tampa FL 33610 Tampa FL 33687-2425*

2. Principal Place of Business	2a. Mailing Address <i>as above</i>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <i>3-18-92</i>	3a. Date of Last Report <i>4/96</i>
4. FEI Number <i>593174797</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <i>Rev Frank J Boyd</i> <i>3716 E. Genesee St</i> <i>Tampa FL 33610</i>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>President D</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Rev Frank J Boyd</i>	1.2 NAME	
STREET ADDRESS	<i>3716 Genesee St</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Tampa FL 33610</i>	1.4 CITY-ST-ZIP	
TITLE	<i>Treasurer D</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DR Sarah E Boyd</i>	2.2 NAME	
STREET ADDRESS	<i>3716 Genesee St</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Tampa FL 33610</i>	2.4 CITY-ST-ZIP	
TITLE	<i>Business Manager D</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mrs Deloris Singleton</i>	3.2 NAME	
STREET ADDRESS	<i>3302 Deleuil Avenue</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Tampa, FL 33610</i>	3.4 CITY-ST-ZIP	
TITLE	<i>Secretary D</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mrs Emma Lee Sharp</i>	4.2 NAME	
STREET ADDRESS	<i>PO Box 577</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Palatka, FL 32177</i>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: *DR Sarah E Boyd* *Sarah E Boyd* *7/8/97* *813 239-2929*  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/96)