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Jun 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 Incorporated

Principal Place of Business Mailing Address

Post Office Box 292425
Tampa, Florida 33687-2425

3. Date Incorporated or Qualified

3/18/92

4. FEI Number

59-3174797

Applied For

Not Applicable

2. Principal Place of Business

21 3716 Genessee St.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL 33610

Zip Country

24 USA

2a. Mailing Address

26 PO Box 292425 Tampa, FL

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL 33687

Zip Country

29 USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Reverend Frank J. Boyd, Sr.
3716 Genessee Street
Tampa, FL 33610

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 of the person or persons designated as registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME Rev. Frank J. Boyd, Sr. D
STREET ADDRESS 3716 Genessee Street, Tpa, FL 33610
CITY-ST-ZIP

TITLE Treasurer
NAME Dr. Sarah E. Boyd T
STREET ADDRESS 3716 Genessee St.
CITY-ST-ZIP Tampa, FL 33610

TITLE Business Manager
NAME Mrs. Delores Singleton T
STREET ADDRESS 3302 Deleuil Ave, Tpa, FL 33610
CITY-ST-ZIP

TITLE Adm. Asst.
NAME Ms. Emma Sharp T
STREET ADDRESS Rt. 6, Box 567
CITY-ST-ZIP Palatka, FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

6/1/98

200002559102
-06/15/98-01007-002
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14. 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 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

DDP, 1998, 631-7704

CR2E037 (10/97)