

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47979

1. Entity Name

BACK TO GOD REVIVAL CENTER INCORPORATED

Principal Place of Business

Mailing Address

3716 E. GENESSE ST  
TAMPA FL 33610

P. O. BOX 292425  
TAMPA FL 33687  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3174797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, FRANK J REV  
3716 E. GENESSE ST  
TAMPA FL 33610

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BOYD, FRANK J REV  
STREET ADDRESS 3716 E. GENESSE ST  
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME BOYD, SARAH E  
STREET ADDRESS 3716 E. GENESSE ST  
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BMT  
NAME SINGLETON, DELORES MRS  
STREET ADDRESS 3302 DELEWL AVENUE  
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AAT  
NAME SHARP, EMMA MS  
STREET ADDRESS RT 6, BOX 567  
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev FRANK J Boyd 4/10/02 8136311724

Date

Daytime Phone #

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

04-21-2002 90852 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)