

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90969 043 \*\*\*\*61.25

DOCUMENT # *N47979*

1. Entity Name  
*Back To God Revival Center*



55029442

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*3716 Genesee St.*  
Suite, Apt. #, etc.

3. Mailing Address  
*PO Box 292425*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Tampa Florida*  
Zip  
*33610*  
Country  
*USA*

City & State  
*Tampa Florida*  
Zip  
*33687-2425*  
Country

4. FEI Number  
*59-3174797*  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Rev Frank J Bayle*  
Street Address (P.O. Box Number is Not Acceptable)

*14616 Grenadine Dr.*

City  
*Tampa* FL Zip Code  
*33613*

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President*  
*Rev Frank J Bayle D*  
*14616 Grenadine DR*  
*Tampa FL 33613*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Treasurer*  
*Dr. Sarah E Bayle T*  
*14616 Grenadine DR*  
*Tampa FL 33613*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Mrs Emma L Sharp*  
*Secretary*  
*P.O. Box 567*  
*Palatka Florida 32177*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Business Manager*  
*Mrs. Delores Singelton T*  
*3302 Delaciel Avenue*  
*Tampa Florida 33610*

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)