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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N48688

1. Corporation Name

REVIVAL TEMPLE, INC.

Principal Place of Business

**4057 GALLAGHER LOOP
 CASSELBERRY FL 32707**

Mailing Address

**4057 GALLAGHER LOOP
 CASSELBERRY FL 32707**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/30/1992

4. FEI Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

**JONES, HERCULES JR.
 15242 SW 142 CT
 MIAMI FL 33177**

10. Name and Address of New Registered Agent

81 Name **Bettie Jones Hudson**
 82 Street Address (P.O. Box Number is Not Acceptable)
4057 Gallagher Loop
 83
 84 City **Casselberry** FL 85 Zip Code **32707**

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	PD	<input type="checkbox"/> DELETE
NAME	JONES, HERCULES	
STREET ADDRESS	4057 GALLAGHER LOOP	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JONES, BETTE	
STREET ADDRESS	4057 GALLAGHER LOOP	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENNETT, SANDRA	
STREET ADDRESS	17771 MYRTLE STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FLETCHER, MARGARET J	
STREET ADDRESS	21624 SW 98TH PL	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	PR	<input type="checkbox"/> DELETE
NAME	KICHARDSON, NAOMI	
STREET ADDRESS	811 W. MARY STREET, APT J-2	
CITY-ST-ZIP	VALDOSTA GA 31601	
TITLE	BA	<input type="checkbox"/> DELETE
NAME	WITAKER, ELROY DECON	
STREET ADDRESS	1645-31ST STREET	
CITY-ST-ZIP	ORLANDO FL 32811	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hudson, Jones Bettie	
1.3 STREET ADDRESS	4057 Gallagher Loop	
1.4 CITY-ST-ZIP	Casselberry, FL 32707	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jones, Hercules	
2.3 STREET ADDRESS	15242 SW 142 Ct.	
2.4 CITY-ST-ZIP	MIAMI, FL 33177	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bennett, Sandra	
3.3 STREET ADDRESS	17771 Myrtle Street	
3.4 CITY-ST-ZIP	MIAMI, FL 33055	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tracey Troy Wilson	
4.3 STREET ADDRESS	625 Blue Jean Rd	
4.4 CITY-ST-ZIP	Whiteville NC 28472	
5.1 TITLE	PR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Barnes, Rhonda	
5.3 STREET ADDRESS	2403 Dardanelle Dr.	
5.4 CITY-ST-ZIP	Orlando, FL 32808	
6.1 TITLE	PR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ings, Daniel	
6.3 STREET ADDRESS	1214 W. Conley St.	
6.4 CITY-ST-ZIP	Orlando, FL 32805	

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 agreement with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)