

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48688

1. Entity Name

REVIVAL TEMPLE, INC.

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

02-21-2002 90015 018 ****66.25

Principal Place of Business Mailing Address
4057 GALLAGHER LOOP 4057 GALLAGHER LOOP
CASSELBERRY FL 32707 CASSELBERRY FL 32707

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 59-8122268 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

HUDSON, BETTIE JONES
4057 GALLAGHER LOOP
CASSELBERRY FL 32707

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	<input checked="" type="checkbox"/> Delete
NAME	JONES, HERCULES	
STREET ADDRESS	4057 GALLAGHER LOOP	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JONES, HERCULES	
STREET ADDRESS	15242 SW 142 CT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENNETT, SANDRA	
STREET ADDRESS	17771 MYRTLE STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, MARGARET J	
STREET ADDRESS	21624 SW 98TH PL	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	PR	<input checked="" type="checkbox"/> Delete
NAME	KICHARDSON, NAOMI	
STREET ADDRESS	811 W. MARY STREET, APT J-2	
CITY-ST-ZIP	VALDOSTA GA 31601	
TITLE	BA	<input checked="" type="checkbox"/> Delete
NAME	WITAKER, ELROY DECON	
STREET ADDRESS	1645-31ST STREET	
CITY-ST-ZIP	ORLANDO FL 32811	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hudson, Jones Bettie	
STREET ADDRESS	4057 Gallagher Loop	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ings, Daniel	
STREET ADDRESS	1214 Conley St	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benjamin Franklin Taylor	
STREET ADDRESS	1118 L. St.	
CITY-ST-ZIP	Waycross, GA 31501	
TITLE	PR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnes, Rhonda	
STREET ADDRESS	2403 Dardanelle Dr.	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	BA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richardson, Naomi	
STREET ADDRESS	811 W. Mary Street, Apt. J-2	
CITY-ST-ZIP	Valdosta, GA 31601	

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 of Naomi Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 20, 2002 (407) 699-4050
Date Daytime Phone #

CR2E037 (9/01)