

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N48688**

1. Entity Name

**REVIVAL TEMPLE, INC.**



**FILED  
Mar 10, 2003 8:00 am  
Secretary of State**

03-10-2003 90729 016 \*\*\*\*61.25

Principal Place of Business

**4057 GALLAGHER LOOP  
CASSELBERRY FL 32707**

Mailing Address

**4057 GALLAGHER LOOP  
CASSELBERRY FL 32707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-8122268**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current 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. 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

**FILE NOW: FEE IS \$61.25**

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**

**11.**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> HUDSON, JONES B 4057 GALLAGHER LOOP CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> INGS, DANIEL 1214 CONLEY STREET ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patricia D. Newton</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1873 Tiger Woods Ct ORLANDO, FL 32818 (Vice-Pres)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> BENNETT, SANDRA 17771 MYRTLE STREET MIAMI FL 33055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Carmen LSSA M. Yancy</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 53 Lc-Clarendon Pkwy Apt 144 ORLANDO, FL 32808 (Secretary)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> BENJAMINE, FRANKLIN T 1118 L STREET WAYCROSS GA 31501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition Dante Ingalls 1214 Conley Street ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BA</b> KICHARDSON, NAOMI 811 W. MARY STREET, APT J-2 VALDOSTA GA 31601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition Anthony Burns 3 Chadwick Gardens Apt. B87 Newburgh, NY 12550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PR</b> BARNES, RHONDA 2403 DADANELLE DRIVE ORLANDO FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Public Relations</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition Alonzo Burns 1808 Tropicana Blvd ORLANDO, FL 32818

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 REQUIRED**

CR2E037 (10/02)