SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/0/95: $155 (IF DISSOLVED, [illegible] AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:38

DOCUMENT # **N49104** **(5)**

1. Corporation Name

THE REVIVAL FAITH CENTER MINISTRIES #3, INCORPOR ATED

Principal Place of Business	Mailing Address
341 SE 2ND AVE. DEERFIELD BEACH FL 33441 US	PO BOX 722 DEERFIELD BEACH FL 33443 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1992
3a. Date of Last Report: 04/12/1994
4. FEI Number: 65-0343695 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation may liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BUTTS, WILMA
620 SW 14 ST
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/TR ☑ Change ☐ Addition
NAME	BUTTS, WILLIE C.	1.2 NAME	
STREET ADDRESS	620 SW 14TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFLD BCH FL	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP	2.1 TITLE	VP/TR ☑ Change ☐ Addition
NAME	BUTTS, WILMA J.	2.2 NAME	
STREET ADDRESS	620 SW 14TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFLD BCH FL	2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	T	3.1 TITLE	T/TR ☑ Change ☐ Addition
NAME	DILLARD, JANICE	3.2 NAME	
STREET ADDRESS	3541 WEST BROWARD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	T	4.1 TITLE	TR ☑ Change ☐ Addition
NAME	STYLES, GREGORY S	4.2 NAME	
STREET ADDRESS	930 NE 51ST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	~~T~~	5.1 TITLE	TR ☑ Change ☐ Addition
NAME	~~GNELL, ANNE B.~~	5.2 NAME	INGRAM, DIANE
STREET ADDRESS	~~7751 NW 45TH ST.~~	5.3 STREET ADDRESS	251 N.W. 48rd Street
CITY-ST-ZIP	~~LAUDERHILL FL~~	5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	T	6.1 TITLE	TR ☑ Change ☐ Addition
NAME	ROSS, RUBIN A	6.2 NAME	
STREET ADDRESS	619 N.W. 2ND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: Willie C. Butts 6-5-95 (305) 422-5776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PASTOR Willie C. Butts, President

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