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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N49104**

1. Corporation Name

**REVIVAL FAITH CENTER MINISTRIES OF FAITH & POWER  
, INC.**

Principal Place of Business

341 SE 2ND AVE.  
DEERFIELD BEACH FL 33441  
US

Mailing Address

PO BOX 722  
DEERFIELD BEACH FL 33443  
US



2. Principal Place of Business

21 3508 North Powerline Rd.  
Suite, Apt. #, etc.

22 Pompano Beach, Florida  
City & State

23 33069 U.S.  
Zip Country

24

2a. Mailing Address

26 3508 North Powerline Rd.  
Suite, Apt. #, etc.

27 Pompano Beach, Florida  
City & State

28 33069 U.S.  
Zip Country

29 30

3. Date Incorporated or Qualified

05/28/1992

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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 PTR ☐ DELETE

NAME BUTTS, WILLIE C.  
STREET ADDRESS 620 SW 14TH ST.  
CITY-ST-ZIP DEERFLD BCH FL

TITLE VPT ☐ DELETE

NAME BUTTS, WILMA J.  
STREET ADDRESS 620 SW 14TH ST.  
CITY-ST-ZIP DEERFLD BCH FL

TITLE TR ☒ DELETE

NAME STYLES, GREGORY S  
STREET ADDRESS 930 NE 51ST ST.  
CITY-ST-ZIP POMPANO BCH FL

TITLE TR ☐ DELETE

NAME INGRAM, DIANE  
STREET ADDRESS 251 NW 43RD ST  
CITY-ST-ZIP POMPANO EBACH FL

TITLE TTR ☐ DELETE

NAME MOSS, RUBIN  
STREET ADDRESS 619 N.W. 2ND AVE.  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (854) 956-8787

Date

Daytime Phone #

CR2E037 (11/98)