

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49214** (2)

1. Corporation Name
REVELATION CHURCH OF GOD, INC.



Principal Place of Business: **2860 NW 187TH ST. MIAMI FL 33056**
Mailing Address: **2860 NW 187TH ST. MIAMI FL 33056**

3. Date Incorporated or Qualified: **06/01/1992**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **65-0346669**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: **TURNER, REV. ARCHIBALD A. 2860 NW 187TH ST. MIAMI FL 33056**
10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TURNER, A.A.	
STREET ADDRESS	2860 N.W. 187 ST.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TURNER, R. L.	
STREET ADDRESS	2860 N.W. 187 ST.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEAL, ANN	
STREET ADDRESS	2860 N.W. 187 ST.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GIBBS, ROY	
STREET ADDRESS	20040 N.W. 10 COURT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAMUEL MILLER (MILLER)
4.3 STREET ADDRESS	5901 S.W. 25 ST.
4.4 CITY-ST-ZIP	HOLLYWOOD FL 33023 APT.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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: Archibald A. Turner PRES FEB. 1, 1996 305-625-6814
ARCHIBALD A. TURNER

CR2E037 (12/95)