

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49214

1. Entity Name

REVELATION CHURCH OF GOD, INC.

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90135 003 \*\*\*\*70.00

0018508

Principal Place of Business

Mailing Address

2860 NW 187TH ST.  
MIAMI FL 33056

2860 NW 187TH ST.  
MIAMI FL 33056

2. Principal Place of Business

3. Mailing Address

4769 NW 183rd ST.

P.O. Box 551628

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI FL

Zip

33055

Country

Zip

33055

Country

U.S.A.

4. FEI Number

65-0346669

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, REV. ARCHIBALD A.  
2860 NW 187TH ST.  
MIAMI FL 33056

Name

TURNER, REV. ARCHIBALD A.

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

4769 NW 183rd ST.

MIAMI

City

MIAMI

FL

Zip Code

33055

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

*Archibald Turner* PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/02

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	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	17330 NW 61ST PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRANT, JOAN	
STREET ADDRESS	19230 N.W. 6TH AVENUE	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Archibald Turner* (ARCHIBALD A TURNER) 3/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Residence Phone #

CR2E037 (9/01)