

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

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90072 038 \*\*\*\*70.00

**DOCUMENT # N49214**

1. Entity Name  
**REVELATION CHURCH OF GOD, INC.**



Principal Place of Business

**4769 NW 183RD ST  
MIAMI FL 33055**

Mailing Address

**P.O. BOX 551628  
MIAMI FL 33055**

2. Principal Place of Business

**16332 VALENCIA BLVD**

3. Mailing Address

**16332 VALENCIA BLVD**

Suite, Apt. #, etc.

**LOXAHATCHEE**

Suite, Apt. #, etc.

**LOXAHATCHEE**

City & State

**FLORIDA**

City & State

**FLORIDA**

Zip  
**33470**

Country  
**U.S.A.**

Zip  
**33470**

Country  
**U.S.A.**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0346669**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TURNER, REV. ARCHIBALD A.**

**4769 NW 183RD ST  
MIAMI FL 33055**

7. Name and Address of New Registered Agent

Name **TURNER, REV. ARCHIBALD A.**

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

**16332 VALENCIA BLVD**

City **LOXAHATCHEE**

**FL**

Zip Code  
**33470**

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 **Archibald A. Turner** PRES & REG. A. 3.31.03

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

TITLE **P** ☐ Delete  
NAME **TURNER, A.A.**  
STREET ADDRESS **2860 N.W. 187 ST.**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **T** ☐ Delete  
NAME **TURNER, R. L.**  
STREET ADDRESS **2860 N.W. 187 ST.**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **T** ☐ Delete  
NAME **NEAL, ANN**  
STREET ADDRESS **17330 NW 61ST PLACE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **T** ☐ Delete  
NAME **GRANT, JOAN**  
STREET ADDRESS **19230 N.W. 8TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **16332 VALENCIA BLVD**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **16332 VALENCIA BLVD**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 A. Turner** Pres 3.31.03 561-204-1435

CR2E037 (10/02)