

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49518 (6)

1. Corporation Name

NEW REVELATION CHURCH OF GOD, INC.



800001846948
-06/03/96--01015--016
***74.50

Principal Place of Business

Mailing Address

**27 NE 73RD ST
MIAMI FL 33138**

**1201 S.W. 11TH AVE.
DEERFIELD BEACH FL 33441
US**

3. Date Incorporated or Qualified
06/23/1992

3a. Date of Last Report
11/17/1995

21. **27 NE 73 st**
Suite, Apt. #, etc.

26. **1201 SW 11th Ave**
Suite, Apt. #, etc.

4. FEI Number
65-0358403

Applied For
 Not Applicable

22. **Miami**
City & State

27. **Deerfield**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. **33138** Zip Country **FL**

29. **33441** Zip Country **FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSEPH, CONSTANCE REV.
1201 SW 11TH AVE
DEERFIELD BEACH FL 33441**

81 Name **Rev. Constant Joseph**
82 Street Address (P.O. Box Number is Not Acceptable) **1201 SW 11th Ave**
83
84 City **Deerfield** FL 85 Zip Code **33441**

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 **Rev. Constant Joseph**

(NOTE: Registered Agent signature required when reinstating)

DATE **04-24-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, JACKSON	1.2 NAME	Delva P. Alexi
STREET ADDRESS	12450 NW 13TH AVE	1.3 STREET ADDRESS	19815 NW 10th Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTE, EUGENE JEAN	2.2 NAME	Delva Joseph
STREET ADDRESS	19815 NW 10TH AVE	2.3 STREET ADDRESS	1090 NW 123 st Miami FL
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAPTISTE, LAURETE	3.2 NAME	Fragile S. Desrosins
STREET ADDRESS	1201 SW 11TH AVE.	3.3 STREET ADDRESS	11910 NW 12 Ave Miami FL
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	3.4 CITY-ST-ZIP	33161
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, DELVA	4.2 NAME	Limita Prudent
STREET ADDRESS	1090 NW 132ND ST	4.3 STREET ADDRESS	1480 NW 143 st Miami FL
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL EBOY	5.2 NAME	Laurette In Baptiste S
STREET ADDRESS	1432 NW 87 ST	5.3 STREET ADDRESS	1201 SW 11th Ave
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Deerfield
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Marcel Jusma
STREET ADDRESS		6.3 STREET ADDRESS	1822 NW 91 st Miami FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	33147

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: **Rev. Constant Joseph**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)