

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 27 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49518 (6)**

1. Corporation Name  
**NEW REVELATION CHURCH OF GOD, INC.**



Principal Place of Business <b>27 NE 73RD ST MIAMI FL 33138</b>	Mailing Address <b>1201 S.W. 11TH AVE. DEERFIELD FL 33441 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 27 NE 73 ST</b>	2a. Mailing Address <b>26 1201 SW 11th Ave</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Miami Florida</b>	28 City & State <b>Deerfield Florida</b>
24 Zip <b>33138</b>	25 Country <b>Dade</b>
29 Zip <b>33441</b>	30 Country <b>Broward</b>

3. Date Incorporated or Qualified <b>06/23/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0358403</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**B1 Name Constant Joseph**  
**B2 Street Address (P.O. Box Number is Not Acceptable) 1201 SW 11th Ave**  
**B3**  
**B4 City Deerfield Beach 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>DELIVA, ALEXI</b>	1.1 TITLE <b>D = Require ST. Vil</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>19815 NW 10TH AVE.</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.2 NAME <b>255 N E 48 ST</b>	
		1.3 STREET ADDRESS <b>Miami Fl. 33137</b>	
TITLE <b>T</b>	NAME <b>JUSTE, EUGENE JEAN</b>	2.1 TITLE <b>D = Michel L. Juste</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>19815 NW 10TH AVE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	2.2 NAME <b>19815 NW 11th Ave</b>	
		2.3 STREET ADDRESS <b>Miami Fl 33447</b>	
TITLE <b>SD</b>	NAME <b>BAPTISTE, LAURETE</b>	2.4 CITY-ST-ZIP <b>Miami Fl 33447</b>	
STREET ADDRESS <b>1201 SW 11TH AVE.</b>	CITY-ST-ZIP <b>DEERFIELD BEACH FL 33441</b>	3.1 TITLE <b>T = Franklyn ST. Vil</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME <b>1290 NE 46 ST.</b>	
		3.3 STREET ADDRESS <b>Miami Fl</b>	
TITLE <b>S</b>	NAME <b>JOSEPH, DELVA</b>	3.4 CITY-ST-ZIP <b>Miami Fl</b>	
STREET ADDRESS <b>1090 NW 132ND ST</b>	CITY-ST-ZIP <b>MIAMI FL</b>	4.1 TITLE <b>C = Elmita Prudent</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME <b>1892 NW 91 ST</b>	
		4.3 STREET ADDRESS <b>Miami Fl. 33161</b>	
TITLE <b>T</b>	NAME <b>LAURETE, BAPTISTE</b>	4.4 CITY-ST-ZIP <b>Miami Fl. 33161</b>	
STREET ADDRESS <b>1201 SW 11TH AVE.</b>	CITY-ST-ZIP <b>DEERFIELD FL</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>C</b>	NAME <b>TUSMA, MARCEL</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1882 NW 91 ST.</b>	CITY-ST-ZIP <b>MIAMI FL 33167</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E037 (4/97)