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NONPROFIT CORPORATION ... ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N49518 1. Corporation Name

NEW REVELATION CHURCH OF GOD, INC.

Principal Place of Business 27 NE 73RD ST MIAMI FL 33138

US

Mailing Address

1201 SW 11TH AVE STE B

DEERFIELD FL 33661

US

FILED Apr 22, 1999 8:00 am Secretary of State

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	·		 		
2. Principal Pl	ace of Business	2a. Mailing Address	1. The	3. Date Incorporated or Qualifed 06/23/1992	
Suite, Apt.	11 L 10 11 SI	Suite, Apt. #, etc.	11 11 11 W	4. FEI Number	Applied For
_ ი	7	27 B		65-0358403	Not Applicable
22 City & State		City & State /			\$8.75 Additional
~ <i>//</i> /	mi	28 Deer Liela		5. Certifcate of Status Desired	Fee Required
Zip	Country , *	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
4 33/	28 25 To Vide	29 33 4/4/ 30	Words	Trust Fund Contribution	Added to Fees
4 <u>C)</u> C) /c	9. Name and Address of Current	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1 /- / 0 / 0 / 0	10. Name and Address of New Registered	Agent
81 Name (Casabh					
CONSTANT JOSEPH, REV 82 Street Address (P.O. Box Number is Not acceptable)					
1001 1100					
1201 SW 11TH AVE					
DEERFIELD FL 33661					
	•		84 -City (7)	abd liold Fl	85 Zip Code
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 spooling 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	Signature, typed or printed name of registered agent a	od title if applicable. (NOTE: Re	gistered Agent signature re-	odfred when reinstelling) DATE	<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE	C Doliva Alexi	☐ Change
NAME	ST VIL, FEQUIERE		1.2 NAME	The Aug	
STREET ADDRESS	255 NE 48 ST		1.3 STREET ADDRESS	198,10 NN 1111/2005	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Monda	
TITLE	0	☐ DELETE	2.1 TITLE ,	Mana Thront	☐ Change
NAME .	JUSTE, MICHEL L		22 NAME	Miracus prosent	
STREET ADDRESS	19815 NW 11TH AVE		2.3 STREET ADDRESS	8230 / Miumi C	H418
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miam HI 33150	
TITLE	T CONTRACT	☐ DELETE	3.1 TITLE		Change
NAME	ST VIL, FRANKLYN		3.2 NAME	•	
STREET ADDRESS	1290 NW 146 ST	i	3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4. CITY-ST-ZIP	·	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH, DELVA		4.2 NAME		
STREET ADDRESS	1090 NW 132ND ST		4.3 STREET ADDRESS	-	
CITY-ST-ZIP	MIAMI FL.		4.4 CITY-ST-ZIP	ما الله الله الله الله الله الله الله ال	
TITLE	C	DELETE	5.1-TITLE	The state of the s	☐ Change ☐ Addition
NAME	PRUDENT, ELMITA		5.2 NAME		
STREET ADDRESS	1892 NW 91 ST		5.3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		,
TITLE	C	☐ DELETE	6.1 TTLE		Change Addition
NAME	TUSMA, MARCEL		6.2 NAME		
STREET ADDRESS	1882 NW 91 ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		6.4 CITY-ST-ZIP	• 	
				in Continue 440 07/2)/i) Elevido Statutas I furthas as	etify that the information

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 informati 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, with all other like empowered.