

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 <sup>3-24-95</sup> XC-6-2602

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:29

DOCUMENT # N93000000758 (3)

1. Corporation Name  
REVELATION BAPTIST CHURCH, INCORPORATED

Principal Place of Business Mailing Address  
9324 NW 15 CT  
APT. #1  
LAUDERHILL FL 33313  
5324 NW 15 CT  
APT. #1  
LAUDERHILL FL 33313

2. Principal Place of Business Mailing Address  
21 5801 NW 19th St  
Suite, Apt. #, etc. 26  
22 City & State 27  
23 Lauderdale, FL City & State  
24 33313 Zip 25 Broward Country 29 30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 03/12/1993 3a. Date of Last Report 07/11/1994  
4. FEI Number 65-0397984 Applied For Not Applicable  
5. Certificate of Status Desired \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
MINISTRE, ULRIQUE  
5324 NW 15 CT  
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MINISTRE, ULRIQUE
STREET ADDRESS	5324 NW 15TH COURT
CITY-ST-ZIP	LAUDERHILL FL
TITLE	T
NAME	RUBIEN, MAUREPAS
STREET ADDRESS	1161 TENNESSEE N.E.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	MINISTRE, BLUS
STREET ADDRESS	1229 N.W. 1 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 change), or on an attachment with an address.

SIGNATURE: *Ulrique Ministre* Ulrique Ministre 3/20/95 (305) 486-4594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Area #)