

# 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 # N93000000758 (3)**

1. Corporation Name

**REVELATION BAPTIST CHURCH, INCORPORATED**

Principal Place of Business

Mailing Address

5801 NW 19 ST  
LAUDERHILL FL 33313  
US

5324 NW 15 CT  
APT. #1  
LAUDERHILL FL 33313



3. Date Incorporated or Qualified  
**03/12/1993**

3a. Date of Last Report  
**03/24/1995**

4. FEI Number

**65-0397984**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

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

2. Principal Place of Business

2a. Mailing Address

21 **5448 NW 19 street**

26 **5324 NW 15 CT #1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 **LAUDERHILL FL.**

23 **LAUDERHILL FL.**

28 City & State

24 Zip **33313**

25 Country **Broward**

29 Zip **33313**

30 Country **D**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MINISTRE, ULRIQUE  
5324 NW 15 CT  
LAUDERHILL FL 33313**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **MINISTRE, ULRIQUE**  
STREET ADDRESS **5324 NW 15TH COURT**  
CITY-ST-ZIP **LAUDERHILL FL**

1.1 TITLE

☐ Change

☐ Addition

TITLE **T** ☐ DELETE  
NAME **RUBIEN, MAUREPAS**  
STREET ADDRESS **1161 TENNESSEE N.E.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

TITLE **T** ☐ DELETE  
NAME **MINISTRE, BLUS**  
STREET ADDRESS **1229 N.W. 1 AVENUE**  
CITY-ST-ZIP **MIAMI FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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 changed, or on an attachment with an address.

SIGNATURE:

*Ulrique Ministre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ULRIQUE MINISTRE 3-2596**  
Date Daytime Phone #

CR2E037 (12/95)