

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90347 013 ****61.25

0029761

DOCUMENT # N93000000758

1. Entity Name

REVELATION BAPTIST CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

2889 NW 1H CT
 FORT LAUDERDALE FL 33311
 US *change to*

5324 NW 15 CT
 LAUDERHILL FL 33313
 US

2. Principal Place of Business

3. Mailing Address

5486 NW 19 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lauderhill Florida

Zip

Country

Zip

Country

33313

Broward

4. FEI Number **65-0397984**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINISTRE, ULRIQUE
 5324 NW 15 CT
 LAUDERHILL FL 33313

Name **RICK JALENE MINISTRE**

Street Address (P.O. Box Number is Not Acceptable)

5324 NW 15th Court

City *Lauderhill FL*

FL

Zip Code *33313*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Rev. ULRIQUE MINISTRE PASTOR* *3-15-02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **RICK JALENE MINISTRE**
 STREET ADDRESS **5324 NW 15th CT**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. ULRIQUE MINISTRE PASTOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

954-535-0438

Daytime Phone #

CR2E037 (9/01)