



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90012 029 \*\*\*\*66.25

<b>DOCUMENT # N93000000758</b> 1. Entity Name <b>REVELATION BAPTIST CHURCH, INCORPORATED</b>					
Principal Place of Business <b>5482 NW 19 STREET</b> <b>LAUDERHILL, FL 33313 US</b>			Mailing Address <b>5324 NW 15 CT</b> <b>LAUDERHILL, FL 33313 US</b>		
2. Principal Place of Business <b>5482 NW 19 ST.</b> Suite, Apt. #, etc. <b>Lauderhill</b> City & State <b>Florida</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>33313</b> Country <b>Broward</b>			
4. FEI Number <b>65-0397984</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>MINISTRE, RICKJALENE</b> <b>5324 NW 15 CT</b> <b>LAUDERHILL, FL 33313</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>REV. ULRIQUE MINISTRE</b> <i>Rev. Ulrique Ministre</i> <b>03-15-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>D</b> NAME <b>MINISTRE, ULRIQUE</b> STREET ADDRESS <b>5324 NW 15TH COURT</b> CITY-ST-ZIP <b>LAUDERHILL, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>MINISTRE, RICKJALENE</b> STREET ADDRESS <b>5324 NW 15TH CT</b> CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33313</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>MINISTRE, OLUS</b> STREET ADDRESS <b>1229 N.W. 1 AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rev. Ulrique Ministre</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>03-15-05</b> <b>954-739-6902</b> <small>Date Daytime Phone #</small>		