

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90331 020 ****66.25

DOCUMENT # N93000000758

1. Entity Name

REVELATION BAPTIST CHURCH, INCORPORATED



Principal Place of Business

**5486 NW 19 STREET
FORT LAUDERDALE FL 33313
US**

Mailing Address

**5324 NW 15 CT
LAUDERHILL FL 33313
US**

2. Principal Place of Business

5482 NW 19 Street
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lauderhill Florida

City & State

Lauderhill Florida

Zip

33313

Country

Broward

Zip

33313

Country

US

4. FEI Number **65-0397984**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

ULRIQUE MINISTRE 1-14-03

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **T** ☐ Delete
NAME **MINISTRE, RICKJALENE**
STREET ADDRESS **5324 NW 15TH CT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Ulrique Ministre
ULRIQUE MINISTRE 1-14-03 (954) 5350438

CR2E037 (10/02)