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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-7IP

1996

N93000003865 (3)

REVELATION CHRISTIAN ACADEMY, INC.

Principal Place of Business Mailing Address 821 N.W. 104TH STREET 821 N.W. 104TH STREET MIAMI FL 33150 MIAMI FL 33150 3. Date Incorporated or Qualified 3a. Date of Last Report 09/22/1995 08/26/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0446414 Not Applicable 940 Caliph Street 26 21 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired X Fee Required (Second 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032. Country Yes 🔀 No Florida Statutes 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALEXANDER, JOYCE Street Address (P.O. Box Number is Not Acceptable) R2 821 NW 104TH STREET 83 **MIAMI FL 33150** Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 11/14 TITLE ALEXANDER, JOYCE 1.2 NAME NAME 821 NW 104 St 18800 N.W. 2 AVE., STE, 219 13 STREET ADDRESS STREET ADDRESS Miami, F1 33150 MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition T/D DELETE 2 1 TITLE מ/ד TIFLE Burks RICHARDS, BARBARA 2.2 NAME 12350 SW 132C+ #204 NAME 2126 N.W. 86 TER. 2.3 STREET ADDRESS STREET ADDRESS <u>Miami, Fl.</u> 33186 MIAMI FL 2 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TiTLE P/D TITLE KEMP, JOE ANN 3.2 NAME NAME 6723 N.W. 189 TER. 3.3 STREET ADORESS STREET ADDRESS MIAMI FL 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition V/D 4 1 TITLE Carolyn Y. Wilson TITLE 4. 2 NAME NAME 5821 NW 7AVE 4.3 STREET ADDRESS STREET ADDRESS Miami, F1, 33/27 4.4 CiTY-ST-ZiP CITY-ST-ZIP Change X Addition DELETE 51 THILE TITLE Anita Mc Gruder 90 NE 42 St 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS Miami, Fl. 33137 5 4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 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)(ik), 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 OL CLIMA LESSANA

SMATURE AND TYPED OR PRINTED NAME OF JIGHING OFFICER OR DIRECTOR SIGNATURE:

5-30-96 (305)

Kemp

(12/95 **CR2E037**