2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State
09-13-2001 90013 041 ****61.25

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DOCUMENT # N93000003865

1. Entity Name

REVELATION CHRISTIAN ACADEMY, INC.

LA

Principal Place of Business	Mailing Address
205 N.E. ~~2ND AVE~~ 205 NE 81st ST. MIAMI FL 33138 US	821 N.W. 104TH STREET MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0446414 ☐ 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
ALEXANDER, JOYCE 821 NW 104TH STREET MIAMI FL 33150	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.

SIGNATURE _____
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALEXANDER, JOYCE 821 NW 104 ST. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERETT, SHIRLEY 2075 Bisc. Blvd Miami, Fl. 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAY, SHEILA ~~933 SHARAR AVE~~ 2736 Dewey St ~~OPALOCKA FL 33054~~ Holly Wood, FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D George Hatmaker 10735 Griffin Biscayne Park, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THARPE, MARY 2940 NW 165 ST OPA LOCKA FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PARLINS BONNA 20111 NW 62 Ave Miami, Fl. 33055	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANITA MCGRUDER 90 NE 42 ST. MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAY, CELIA 823 NW 104 St MIAMI, FL. 33150	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P POTEAU, MERLAINE 300 N.E. 2ND AVE MIAMI FL 33125	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TWITCHELL, ALMA 971 NE 115 St Miami, Fl. 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, STEVEN 15636 NE 2 Ave Miami, Fl. 33162	☐ Change ☒ Addition

CR2E037 (5/01)

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: Joyce Alexander Reid SIGNATURE REQUIRED Joyce Alexander Reid 9/5/01 (305) 758-5656
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OTHER THAN DIRECTOR