

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004747 (2)

1. Corporation Name

REVIVE OF WEST PALM BEACH, INC.



Principal Place of Business

518 CLEMATIS STREET
WEST PALM BEACH FL 33401
US

Mailing Address

518 CLEMATIS STREET
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified
10/14/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0441019

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, CARRIE ANN
518 CLEMATIS STREET
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(If title, Registered Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DELETE~~
NAME DV
CORNING, LAWRENCE
STREET ADDRESS 524 CLEMATIS STREET
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE
NAME DP
MAYO, RODNEY
STREET ADDRESS 115 S. OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE
NAME TD
WEBB, CARRIE
STREET ADDRESS 518 CLEMATIS STREET
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ~~DELETE~~
NAME S
STAMBAUGH, REG
STREET ADDRESS 114 S. OLIVE AVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE
NAME S
Robyn Mayo
STREET ADDRESS 518 Clematis St
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME S
Robyn Mayo
5.3 STREET ADDRESS 518 Clematis St
5.4 CITY-ST-ZIP West Palm Beach, FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME DV
Rick Shepherd
6.3 STREET ADDRESS 518 Clematis St
6.4 CITY-ST-ZIP West Palm Bch, FL

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96

Date

407 832-0127

Daytime Phone #

CR2E037 (12/95)