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Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005120 (1)

1. Corporation Name

FRIDAY REVIVAL PRAYER GROUP, INC.



Principal Place of Business

Mailing Address

8700 MIRAMAR BLVD  
HOLLYWOOD FL 330258700 MIRAMAR BLVD  
HOLLYWOOD FL 33025-20153. Date Incorporated or Qualified  
11/15/19933a. Date of Last Report  
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 8700 MIRAMAR BLVD.

26 8700 MIRAMAR BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 House

27 House

23 City &amp; State (Hollywood)

28 City &amp; State (Hollywood)

23 MIRAMAR Florida

28 MIRAMAR Florida

24 Zip Country

29 Zip Country

24 33025 25 USA

29 33025 30 USA

4. FEI Number

65-0462124

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

ROACH, TERESA  
8700 MIRAMAR BLVD  
HOLLYWOOD FL 33025

81 Name

ROACH, TERESA

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

8700 MIRAMAR BLVD.

83

Hollywood, Florida

84 City

FL

85 Zip Code  
33025

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROACH, THERESA	
STREET ADDRESS	8700 MIRAMAR BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33025	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roach, Theresa	
1.3 STREET ADDRESS	8700 MIRAMAR BLVD.	
1.4 CITY-ST-ZIP	MIRAMAR FL 33025	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MULLINGS, ANTHONY	
STREET ADDRESS	851 SW 67 AVENUE	
CITY-ST-ZIP	N LAUDERDALE FL	

2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MULLINGS, ANTHONY	
2.3 STREET ADDRESS	851 SW 67 AVENUE	
2.4 CITY-ST-ZIP	N LAUDERDALE, FLORIDA	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGHEE, EARL	
STREET ADDRESS	6120 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL	

3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCGHEE, EARL	
3.3 STREET ADDRESS	6120 WASHINGTON STREET	
3.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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

954 4352031  
23 Jan 1997 or 9858646

Date

Daytime Phone # 0023933

CR2E037 (9/96)