

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90007 002 ****61.25

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1. Corporation Name

THE REVELATION OF JESUS CHRIST FAITH OUTREACH MI
NISTRY, INC.

Principal Place of Business

2736 WOODSTOCK AVE.
EATON PARK FL 33840

Mailing Address

P.O. BOX 7
EATON PARK FL 33840



2. Principal Place of Business

21 2736 Woodstock Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 7
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

BYRD, CATHERINE T
2736 WOODSTOCK AVE.
EATON PARK FL 33840

10. Name and Address of New Registered Agent

81 Name

Same

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME BYRD, CATHERINE T
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE D ☐ DELETE

NAME BYRD, JOSEPH R
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE DT ☐ DELETE

NAME MATTOX, MARCUS
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE D ☐ DELETE

NAME MATTOX, EVA
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE DS ☐ DELETE

NAME LYONS, RUBY
STREET ADDRESS C/O 2736 WOODSTOCK AVE.
CITY-ST-ZIP EATON PARK FL 33840

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

CATHERINE T. BYRD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)