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May 10, 1999 8:00 am
Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N95000002915

1. Corporation Name
~~EMANUEL REVIVAL TEAM, INC.~~
EMANUEL FIRST BORN CHURCH OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
1521 NW 17TH ST. FT. LAUDERDALE FL 33311	1521 NW 17TH ST. FT. LAUDERDALE FL 33311

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/15/1995

4. FEI Number
65-0560151
☐ Applied For
☐ Not Applicable

5. Certifcate 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

HODGE, EVELENA S
1521 NW 17TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HODGE, EVELENA S		1.2 NAME		
STREET ADDRESS	1521 N.W. 17TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HODGE, MARCUS		2.2 NAME		
STREET ADDRESS	1521 N.W. 17TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	LUMPKIN, DELORES		3.2 NAME		
STREET ADDRESS	~~5020 BARRINGTON CIRCLE~~		3.3 STREET ADDRESS	3703 PRUDENCE DRIVE	
CITY-ST-ZIP	~~SARASOTA FL 34234~~		3.4 CITY-ST-ZIP	SARASOTA, FL. 34235	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLLOWAY, TANGAN		4. 2 NAME		
STREET ADDRESS	2539 RODMAN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	DUNBAR, MADIS		5.2 NAME		
STREET ADDRESS	805 N.W. 10TH ST.		5.3 STREET ADDRESS	805 N.W. 10TH ST. APT. 4	
CITY-ST-ZIP	HALLANDALE FL 33009		5.4 CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILDER, IRENE		6.2 NAME		
STREET ADDRESS	300 S.W. 30TH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		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: [signature] REQUIRED 5-10-99 (954) 763-3814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)