

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N95000004694 (4)**

1. Corporation Name

**REVELATION CHURCH OF JESUS OF THE APOSTOLIC, CORP**

Principal Place of Business

Mailing Address

**4000 BAYSHORE DRIVE  
NAPLES FL 33942**

**4000 BAYSHORE DRIVE  
NAPLES FL 33942**



3. Date Incorporated or Qualified  
**10/05/1995**

3a. Date of Last Report

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

**28** Zip

**30** Country

4. FEI Number

☒ 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

**FARQUHARSON, JUNIOR  
4030 LATONA AVENUE  
WEST PALM BEACH FL 33407**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD WILLIAMS, HORACEO**  
STREET ADDRESS **1771 SUNSHINE BLVD APT. #3**  
CITY-ST-ZIP **NAPLES FL 33999**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PRESIDENT & DIRECTOR**  
1.3 STREET ADDRESS **HORACEO WILLIAMS**  
1.4 CITY-ST-ZIP **1979 41ST SW**  
**NAPLES FL. 34116**

TITLE ☐ DELETE  
NAME **VD LEWIS, FEFE**  
STREET ADDRESS **1771 SUNSHINE BLVD APT. #3**  
CITY-ST-ZIP **NAPLES FL 33999**

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

TITLE ☐ DELETE  
NAME **TD PRATT, SANDY**  
STREET ADDRESS **1771 SUNSHINE BLVD APT. #3**  
CITY-ST-ZIP **NAPLES FL 33999**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **SANDY PRATT**  
3.3 STREET ADDRESS **4544 SUNSET RD**  
3.4 CITY-ST-ZIP **NAPLES FL 33999**

TITLE ☐ DELETE  
NAME **SD FRANTZ, WILLIMINA**  
STREET ADDRESS **1771 SUNSHINE BLVD APT #3**  
CITY-ST-ZIP **NAPLES FL 33999**

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

TITLE ☐ DELETE  
NAME **D WILLIAMS, MICHELLE**  
STREET ADDRESS **1771 SUNSHINE BLVD APT #3**  
CITY-ST-ZIP **NAPLES FL 33999**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **Director**  
5.3 STREET ADDRESS **Michelle Williams**  
5.4 CITY-ST-ZIP **1771 Sunshine Blvd Apt #3**  
**NAPLES FL. 34116**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
**200001925042**  
**-08/19/96--01006--028**  
**\*\*\*61.25**

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:

**Horaceo Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8.5.96 (941) 3521565**