

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 # N95000005841 (0)

1. Corporation Name

BY FAITH REVIVAL CENTER MINISTRIES, INC.

Principal Place of Business

910 TROPIC ST.
TITUSVILLE FL 32780

Mailing Address

910 TROPIC ST.
TITUSVILLE FL 32780



3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

WARREN, JAMES W JR.
910 TROPIC ST.
TITUSVILLE FL 32780

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 PD
NAME WARREN, JAMES W JR.
STREET ADDRESS 125 WEST TOWNE PLACE
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ DELETE

1.1 TITLE VICE President / Director ☐ Change ☒ Addition
1.2 NAME Lynnette A. Warren
1.3 STREET ADDRESS 125 W. Towne Place
1.4 CITY-ST-ZIP Titusville, FL 32796

TITLE SD
NAME WARREN, JULIUS W
STREET ADDRESS 2126 TROPIC ST.
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ DELETE

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME ~~Virginia Ward~~
2.3 STREET ADDRESS 5316 Carter Rd.
2.4 CITY-ST-ZIP Lake Mary, FL 32746

TITLE D
NAME GANTT, DONALD L
STREET ADDRESS 630 MIMOSA AVE.
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ DELETE

3.1 TITLE SECRETARY / Director ☒ Change ☒ Addition
3.2 NAME Gwen Warren
3.3 STREET ADDRESS 2126 Tropic St.
3.4 CITY-ST-ZIP Titusville, FL 32796

TITLE D
NAME BEST, LEONARD
STREET ADDRESS 7867 N. WICKHAM RD., UNIT 1506
CITY-ST-ZIP MELBOURNE FL 32740 ☒ DELETE

4.1 TITLE TREASURER / Director ☒ Change ☐ Addition
4.2 NAME JULIUS W. WARREN
4.3 STREET ADDRESS 2126 Tropic St.
4.4 CITY-ST-ZIP Titusville, FL 32796

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Ron Thomas
5.3 STREET ADDRESS 6397 Irving Rd.
5.4 CITY-ST-ZIP Cocoa, FL 32927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
200001832342
-05/21/96--01086--021
***70.00

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: James W. Warren Jr. James W. Warren Jr. 3/24/96 (407)268-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

5/1/96