FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N96000001684**

1. Corporation Name

MESSIANIC REVIVAL MINISTRIES, INC.

```
8 2
382027 - 90003 - 2   7
```

Principal Place of Business	Mailing Address
13250 RIDGE RD #10-3 LARGO FL 33778 US	P.O. BOX 2272 GAITHERSBURG MD 20886-2272 US

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualifed **03/27/1996**
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number **65-0652025** — Applied For / Not Applicable
City & State 23		City & State 28		5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORGAN, LORETTA 13250 RIDGE RD #10-3 LARGO FL 33778	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** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **GREENBERG, JEREMIAH**		1.2 NAME	
STREET ADDRESS **458 COLLEGE PARKWAY**		1.3 STREET ADDRESS	
CITY-ST-ZIP **ROCKVILLE MD 20850**		1.4 CITY-ST-ZIP	
TITLE **SD** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **BURKE, MARY**		2.2 NAME	
STREET ADDRESS **3118 ELMWOOD AVENUE, #27**		2.3 STREET ADDRESS	
CITY-ST-ZIP **ROCHESTER NY 14618**		2.4 CITY-ST-ZIP	
TITLE **TD** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **GREENBERG, MOSES**		3.2 NAME	
STREET ADDRESS **2119 SHEPHERDSTOWN ROAD**		3.3 STREET ADDRESS	
CITY-ST-ZIP **MARTINBURG WV 25401**		3.4 CITY-ST-ZIP	
TITLE **VD** ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME **GLUECK, JOHN**		4.2 NAME	
STREET ADDRESS **14642 S. 25TH PLACE**		4.3 STREET ADDRESS	
CITY-ST-ZIP **PHOENIX AZ 85038**		4.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME **TMEIZEH, JAN**		5.2 NAME	
STREET ADDRESS **1842 OLD HARRIMAN HIGHWAY**		5.3 STREET ADDRESS	
CITY-ST-ZIP **OLIVER SPRINGS TN 37840**		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _Jeremiah A. Greenberg_ SQUIRJeremiah Grenberg 4/12/99 (301) 517-5710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)