

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000003549 (0)**  
1. Corporation Name  
**TABERNACLE OF PEACE REVIVAL CENTER, INC.**



Principal Place of Business <b>3219 PINELLAS PLACE TAMPA FL 33619 US</b>	Mailing Address <b>3219 PINELLAS PLACE TAMPA FL 33619 US</b>
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3. Date Incorporated or Qualified <b>07/01/1986</b>	
4. FEI Number <b>59-3301856</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>7816 Wichita Way</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>7816 Wichita Way</b> Suite, Apt. #, etc.
22 City & State 23 <b>Tampa FL</b>	27 City & State 28 <b>Tampa FL</b>
24 Zip <b>33619</b> 25 Country <b>Hills.</b>	29 Zip <b>33619</b> 30 Country <b>Hills.</b>

9. Name and Address of Current Registered Agent  
**GOVERNOR, SANDRA  
3219 PINELLAS PLACE  
TAMPA FL 33619**

10. Name and Address of New Registered Agent  
81 Name **Alberta Williams**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7816 Wichita Way**  
83  
84 City **Tampa** FL 85 Zip Code **33619**

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 Alberta Williams Alberta Williams 2/22/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>P</b>	
NAME	<b>ALBERTHA WILLIAMS</b>	
STREET ADDRESS	<b>7816 WICHITA WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANDRA GOVERNOR</b>	
STREET ADDRESS	<b>3219 PINELLAS PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARD DURANT</b>	
STREET ADDRESS	<b>3211 NORTH CORD ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FANNIE DURANT</b>	
STREET ADDRESS	<b>3211 NORTH CORD ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIDNEY WILLIAMS</b>	
STREET ADDRESS	<b>7816 WICHITA WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARY PETERSON</b>	
STREET ADDRESS	<b>3001 N. STAR ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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.

SIGNATURE: Alberta Williams Alberta Williams 2/22/98

CR2E037 (1097)