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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90191 035 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N96000003549**

1. Corporation Name

**TABERNACLE OF PEACE REVIVAL CENTER, INC.**

Principal Place of Business

7816 WICHITA WAY  
 TAMPA FL 33619  
 US

Mailing Address

7816 WICHITA WAY  
 TAMPA FL 33619  
 US



2. Principal Place of Business

21 *Tabernacle of Peace Revival Center*

Suite, Apt. #, etc.

22 *5609 C Adams Drive*

City & State

23 *Tampa FL*

Zip Country

24 *33619* 25 *US*

2a. Mailing Address

26 *Tabernacle of Peace Revival Center*

Suite, Apt. #, etc.

27 *5609 C Adams Drive*

City & State

28 *Tampa Florida*

Zip Country

29 *33619* 30 *USA*

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3301856

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

9. Name and Address of Current Registered Agent

WILLIAMS, ALBERTHA  
 7816 WICHITA WAY  
 TAMPA FL 33619

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
 NAME **P**  
 STREET ADDRESS **ALBERTHA WILLIAMS**  
 CITY-ST-ZIP **7816 WICHITA WAY**  
**TAMPA FL**

TITLE ☐ DELETE  
 NAME **T**  
 STREET ADDRESS **EDWARD DURANT**  
 CITY-ST-ZIP **3211 NORTH CORD ST.**  
**TAMPA FL**

TITLE ☐ DELETE  
 NAME **S**  
 STREET ADDRESS **FANNIE DURANT**  
 CITY-ST-ZIP **3211 NORTH CORD ST.**  
**TAMPA FL**

TITLE ☐ DELETE  
 NAME **D**  
 STREET ADDRESS **SIDNEY WILLIAMS**  
 CITY-ST-ZIP **7816 WICHITA WAY**  
**TAMPA FL**

TITLE ☐ DELETE  
 NAME **D**  
 STREET ADDRESS **MARY PETERSON**  
 CITY-ST-ZIP **3001 N. STAR ST.**  
**TAMPA FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
 2.2 NAME *D/Fr*  
 2.3 STREET ADDRESS *Edward Durant*  
 2.4 CITY-ST-ZIP *3211 North Cord Street*  
*Tampa Florida*

3.1 TITLE ☒ Change ☐ Addition  
 3.2 NAME *S/D*  
 3.3 STREET ADDRESS *Fannie Durant*  
 3.4 CITY-ST-ZIP *3211 North Cord St*  
*Tampa, FL*

4.1 TITLE ☒ Change ☐ Addition  
 4.2 NAME *D/T/Fr*  
 4.3 STREET ADDRESS *Sidney Williams*  
 4.4 CITY-ST-ZIP *7816 Wichita Way*  
*Tampa FL 33619*

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Alberta Williams* **RECEIVED** *Alberta Williams* **3/5/99** **627-0150**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)