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 # N9600004826

1. Corporation Name

REVELATION MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business
1929 NW 54TH ST.
MIAMI FL 33147

21

2. Principal Place of Business

Mailing Address

1929 NW 54TH ST. MIAMI FL 33147

2a. Mailing Address

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FILED Apr 21, 1999 8:00 am § Secretary of State

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3. Date incorporated or Qualifed

09/16/1996

Suite, Apt.	t. #. etc. Suite, Apt. #, etc.				4. FE	4. FEI Number			lied For	
22	and the second of the second o	27			65	-0701351_	·	Not	Applicable	
City & State				5. Certificate of Status Desired			ed 🖺	\$8.75 Additional		
23	28				5. CBI	Tircate of Status Desir	#U 🔟	Fee Rec	quired	
Zip	Country	Zip	Country		6. Ele	ction Campaign Finan	cing —	\$5.00	May Be	
24	25	29	0		Tru	st Fund Contribution	~ 	Added to	Fees	
	9. Name and Address of Current	Registered Agent			10. Na	me and Address of N	ew Registered	Agent		
	•		81	Name						
DURANT, R.L.				82 Street Address (P.O. Box Number is Not Acceptable)						
1775 NW 83RD ST.										
MIAMI FL 33147				83						
MUMINITE SOLITI				City				85 Zip C	ode	
		•	84	City			FL	.		
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.										
20 4,000										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Ager	t signature req	uired when reinsta		DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADD	ITIONS/CHANGES TO	OFFICERS A			
TITLE	DP.	☐ DELETE	1.1 TITLE					Change	Addition	
NAME	DURANT, R.L.		1.2 NAME		•	•				
STREET ADDRESS	1775 NW 83RD ST.		1.3 STREE	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33147		1.4 CITY-S	r-ZIP						
TITLE	DS	☐ DELETE	2.1 TITLE			-		☐ Change	Addition	
NAME .	LYNN, ALICIA		2.2 NAME							
STREET ADDRESS	17420 NW 16TH AVE.		2.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33169	<u> </u>	2, 4 CITY-S	T-ZIP					F-7 4 1 600	
TITLE	Divers El doten	☑ DELETE	3.1 TITLE			•		Change	Addition	
NAME	erwin, derrick		3.2 NAME							
STREET ADDRESS	1901 NW 153RD ST		3.3 STREE	ADDRESS					• •	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-5	T-ZIP				CT 01		
TITLE	DV	DELETE	4.1 TITLE	-				Change	☐ Addition	
NAME	DAY, ARTHUR	•	4. 2 NAME	1.	~~~	_	Λ			
STREET ADDRESS	9050 NE 8TH AVE. #2		4.3 STREE	ADDRESS	735	SHARAR LOCKA	TAME	~ =	3054	
CITY-ST-ZIP	MIAMI FL 33138		4.4 CITY-S	r-ZIP	OPA	LOCKA,	r C	<u> </u>		
TITLE	D	☐ DELETE	5.1 TITLE	1				Change	Addition	
NAME	DURANT, RAYMOND B		5.2 NAME		Class	NW 21	CT.	•		
STREET ADDRESS	5420 SW 38TH CT.		5.3 STREE	1	λ.	75 5	33168			
CITY-ST-ZIP	HOLLYWOOD FL 33023		5.4 CITY-S	r-ziP	U(I AMI	<u> </u>	77160	Chanca	☐ Addition	
TITLE	D	▼ DELETE	6.1 TITLE					Change	☐ Addition	
NAME	YOUNG, CLAUDIA		6.2 NAME							
STREET ADDRESS	7756 NW 9TH AVE.		6.3 STREE							
CITY-ST-ZIP	MIAMI FL 33138		6.4 CITY-S	r-ziP					<u> </u>	

4. 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: DEV. RATIONILIFE IDENILITED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COMPANY DAILY WILLIAMS DE STANDARD OF SIGNING OFFICER OR DIRECTOR

R2E037 (11/98)