

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004826

1. Entity Name

REVELATION MISSIONARY BAPTIST CHURCH, INC

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90082 019 ****61.25

Principal Place of Business	Mailing Address
1929 NW 54TH ST. MIAMI FL 33147	1929 NW 54TH ST. MIAMI FL 33142-3071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0701351	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DURANT, R.L.
 1775 NW 83RD ST.
 MIAMI FL 33147

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DURANT, R.L.	
STREET ADDRESS	1775 NW 83RD ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LYNN, ALICIA	
STREET ADDRESS	17420 NW 16TH AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAY, ARTHUR	
STREET ADDRESS	9050 NE 8TH AVE. #2	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURANT, RAYMOND B	
STREET ADDRESS	935 SHARAR AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, CLAUDIA	
STREET ADDRESS	11010 NW 21 CT	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANCASTER, ALICIA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	17420 NW 16 AVE		
CITY-ST-ZIP	MIAMI, FL 33169 (DS)		
TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAY, ARTHUR		
STREET ADDRESS	2736 DEWEY ST.		
CITY-ST-ZIP	Hollywood, FL 33020		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond B. Durant*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 (305) 635-5758
 Date Daytime Phone #

CF2E037 (9/99)