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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004987 (1)**

1. Corporation Name

URBAN REVIVAL, INC.

Principal Place of Business

Mailing Address

**15 COLLEGE STREET, SUITE D
EATONVILLE FL 32751**

**15 COLLEGE STREET, SUITE D
EATONVILLE FL 32751**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

59-3407490

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

ALLEN, CECIL

**15 COLLEGE STREET, SUITE D
EATONVILLE FL 32751**

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

☐ DELETE

TITLE

D

NAME

ALLEN, CECIL

STREET ADDRESS

15 COLLEGE STREET, SUITE D

CITY - ST - ZIP

EATONVILLE FL 32751

TITLE

D

NAME

BROWN, LEROY

STREET ADDRESS

450 W. CANTON AVENUE

CITY - ST - ZIP

WINTER PARK FL 32789

TITLE

D

NAME

RAY, ANNIE

STREET ADDRESS

761 NORTHWOOD CIRCLE

CITY - ST - ZIP

WINTER PARK FL

TITLE

D

NAME

JOHNSON, TIM A

STREET ADDRESS

3203 LAWTON ROAD - SUITE 175

CITY - ST - ZIP

ORLANDO FL

TITLE

D

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

D

TITLE

D

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

D

TITLE

D

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

D

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

Cecil Allen
CECIL ALLEN

2/11/98 407 6283442

CR2E037 (10/97)