


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005393	
1. Entity Name APOSTOLIC REVIVAL TEMPLE MINISTRIES, INC.	

Principal Place of Business 1028 NW 2ND AVENUE MIAMI, FL 33136-3413	Mailing Address 1028 NW 2ND AVENUE MIAMI, FL 33136-3413
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0705614	Applied For <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

ALLEN, AMOS
931 SHARAR AVE.
OPA LOCKA, FL 33054

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, AMOS 931 SHARAR AVE. OPA LOCKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, MONIQUE 540 NW 17 ST APT 5-D MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, CARRIE MAE 5627 NW 9TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, ELEANOR 1880 NW 44TH AVENUE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, BARBARA Y 5015 NW 178TH TERRACE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, ANNIE 931 SHARAR AVENUE OPA LOCKA, FL 33054

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03/07/06-80014-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara Y. West 2/16/06 (35)7567050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Office #