

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 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**



02052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0705614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000656320
03/14/07 30021 013 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-07 305-756-7050