

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005393

FILED
Jun 29, 2009
Secretary of State

Entity Name: APOSTOLIC REVIVAL TEMPLE MINISTRIES, INC.

Current Principal Place of Business:

1028 NW 2ND AVENUE
MIAMI, FL 331363413

New Principal Place of Business:

Current Mailing Address:

1028 NW 2ND AVENUE
MIAMI, FL 331363413

New Mailing Address:

FEI Number: 65-0705614 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, AMOS
Address: 931 SHARAR AVE.
City-St-Zip: OPA LOCKA, FL

Title: D () Delete
Name: FIELDS, MONIQUE
Address: 540 NW 17 ST APT 5-D
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: WEST, CARRIE MAE
Address: 5627 NW 9TH AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: BRIDGES, ELEANOR
Address: 1880 NW 44TH AVENUE
City-St-Zip: MIAMI, FL 33055

Title: S () Delete
Name: WEST, BARBARA Y
Address: 4301 N. W. 19TH AVE
City-St-Zip: MIAMI, FL 33142

Title: T () Delete
Name: ALLEN, ANNIE
Address: 931 SHARAR AVENUE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA WEST

SEC

06/29/2009

Electronic Signature of Signing Officer or Director

Date