

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005393

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** APOSTOLIC REVIVAL TEMPLE MINISTRIES, INC.

**Current Principal Place of Business:**

185 NW 14TH STREET  
MIAMI, FL 331363413 US

**New Principal Place of Business:**

**Current Mailing Address:**

931 SHARAR AVENUE  
OPA LOCKA, FL 33054 US

**New Mailing Address:**

**FEI Number:** 65-0705614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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/D  
**Name:** ALLEN, AMOS  
**Address:** 931 SHARAR AVE.  
**City-St-Zip:** OPA LOCKA, FL 33054 US

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

**Title:** D  
**Name:** ALLEN, DESHON  
**Address:** 14050 BISCAYNE BLVD.  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33181 US

**Title:** T/S  
**Name:** ALLEN, ANNIE  
**Address:** 931 SHARAR AVENUE  
**City-St-Zip:** MIAMI, FL 33054 US

I hereby 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 all other like empowered.

**SIGNATURE:** AMOS ALLEN

P/D

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date