

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90018 041 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007152

1. Corporation Name

REVELATION FELLOWSHIP MINISTRIES, INC.

Principal Place of Business

10945 N.W. 45TH STREET
CORAL SPRINGS FL 33065

Mailing Address

10945 N.W. 45TH STREET
CORAL SPRINGS FL 33065



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 2118 NW 56th Ave

23 City & State
Lauderhill Florida

24 Zip 33313 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 2118 NW 56th Ave

28 City & State
LAUDERHILL FLORIDA

29 Zip 33313 30 Country

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number

65-0881325

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

9. Name and Address of Current Registered Agent

JOHN, DARIUS M
10945 N.W. 45TH STREET
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name JOHN, DARIUS M

82 Street Address (P.O. Box Number is Not Acceptable)

2118 NW 56th Ave

83 City
Lauderhill

84 City

FL

85 Zip Code
33313

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

TITLE D ☐ DELETE
NAME JOHN, DARIUS M
STREET ADDRESS 10945 N.W. 45TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ DELETE
NAME JOSEPH-JOHN, LIZA
STREET ADDRESS 10945 N.W. 45TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ DELETE
NAME HARRIS, SHEILA
STREET ADDRESS 10945 N.W. 45TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JOHN DARIUS ☒ Change ☐ Addition
1.2 NAME 2118 NW 56th Ave Address
1.3 STREET ADDRESS Laudershill Florida
1.4 CITY-ST-ZIP 33313

2.1 TITLE JOSEPH - JOHN, LIZA ☒ Change ☐ Addition
2.2 NAME 2118 NW 56th Ave Address
2.3 STREET ADDRESS Laudershill Florida
2.4 CITY-ST-ZIP 33313

3.1 TITLE Harris, Sheila ☒ Change ☐ Addition
3.2 NAME 11626 NW 26th Ct. Address
3.3 STREET ADDRESS Coral Springs
3.4 CITY-ST-ZIP Florida 33065

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954.486.8794

CR2E037 (11/98)