


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90223 008 \*\*\*\*61.25

<b>DOCUMENT # N99000002004</b> 1. Entity Name <b>CHRISTIAN REVIVAL TEMPLE, INC.</b>					
Principal Place of Business <b>10306 NORTH NEBRASKA AVENUE TAMPA FL 33612</b>				Mailing Address <b>10306 NORTH NEBRASKA AVENUE TAMPA FL 33612</b>	
2. Principal Place of Business <b>4710 Fox Hunt Drive</b>		3. Mailing Address <b>4710 Fox Hunt Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-3578475</b>	
Zip <b>33624</b>		Country <b>Hillsborough</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33624</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEDAL, JOSE A 10306 NORTH NEBRASKA AVENUE TAMPA FL 33612</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE <b>PD</b>			<input type="checkbox"/> Delete		
NAME <b>MEDAL, JOSE A</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>10306 NORTH NEBRASKA AVENUE</b>			STREET ADDRESS		
CITY-ST-ZIP <b>TAMPA FL 33612</b>			CITY-ST-ZIP		
TITLE <b>VD</b>			<input type="checkbox"/> Delete		
NAME <b>ORTEGA, CARLOS N</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>10306 NORTH NEBRASKA AVENUE</b>			STREET ADDRESS		
CITY-ST-ZIP <b>TAMPA FL 33612</b>			CITY-ST-ZIP		
TITLE <b>SD</b>			<input checked="" type="checkbox"/> Delete		
NAME <b>VILLANUEVA, SILVIA</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>10306 NORTH NEBRASKA AVENUE</b>			STREET ADDRESS		
CITY-ST-ZIP <b>TAMPA FL 33612</b>			CITY-ST-ZIP		
TITLE <b>TD</b>			<input type="checkbox"/> Delete		
NAME <b>ORTEGA, ADRIANA M</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>10306 NORTH NEBRASKA AVENUE</b>			STREET ADDRESS		
CITY-ST-ZIP <b>TAMPA FL 33612</b>			CITY-ST-ZIP		
TITLE <b>D</b>			<input type="checkbox"/> Delete		
NAME <b>MEDAL, MARIA</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>10306 NORTH NEBRASKA AVENUE</b>			STREET ADDRESS		
CITY-ST-ZIP <b>TAMPA FL 33612</b>			CITY-ST-ZIP		
TITLE _____			<input type="checkbox"/> Delete		
NAME _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS _____			STREET ADDRESS		
CITY-ST-ZIP _____			CITY-ST-ZIP		

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MOORE CR2E037 (11/03)

12. 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 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 lines empowered.

**SIGNATURE:** *Jose A. Medal* **Jose A. Medal - Pres.** **4/26/04** **(813) 264-0905**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #