## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # N9900002004

1. Entity Name

CHRISTIAN REVIVAL TEMPLE, INC.



## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90727 042 \*\*\*\*70.00

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Principal Place of Business 10306 NORTH NEBRASKA AVENUE TAMPA FL 33612			Mailing Address 10306 NORTH NEBRASKA AVENUE TAMPA FL 33612							
2. Principal Place of Business 3.				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			С	ity & State			4. FEI Number <b>59-3578475</b> Applied For Not Applicable			
Zip	Country			ip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Regist				red Agent			7. Name and Address of New Registered Agent			
The same was a superior of the same of the						Name - Na				
MEDAL, JOSE A 10306 NORTH NEBRASKA AVENUE				Street Address (			P.O. Box Number is Not Acceptable)			
TAMPA FL 33612				City				3	Zip C	ode
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										
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Ch Florida Dej	eck Payabl	
10. OFFICERS AND DIRECTORS					11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS	IN 10
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12. I hereby certify that the information supplied with this filling 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 trusted 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 and

JOSE A. MEDAL

GNATURE:

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**SIGNATURE:** 

4-10-03

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