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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000086170 (3)

PALM BEACH REVIVAL MINISTRIES, INC.

Principal Place of Business Mailing Address 7515 WEST LAKE DRIVE 7515 WEST LAKE DRIVE W PALM BEACH FL 33406 W PALM BEACH FL 33406-8737 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1996 2. Principal Place of Business Mailing Address FEI Number Applied For 65-07 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution П Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TABER, WENDY 7515 WEST LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) W PALM BEACH FL 33406 83 9.4 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (6) mBeach Revival Ministres of the Change ☐ Addition 1.1 TOLE TILLE raber, Aresident 1.2 NAME NAME CR2E034 1.3 STREET ADDRESS STREET ADDRESS West Ram Beach FL 1.4 CITY-ST-ZIP CITY-ST Addition 2.1 TH LE Change TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST-ZIE DELETE Change Addition TITLE 3.1 THLE NAIAE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 THLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C/1Y-ST-ZIP CITY - \$1 - 719 DELETE Change Addition THEF 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME STREET ADDRESS 6.3 STHEET ADDRESS CITY-ST-Zie 64 CHIY-ST-ZIP

14. I do 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.