

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # **P96000086170 (3)**
1. Corporation Name

PALM BEACH REVIVAL MINISTRIES, INC.



Principal Place of Business
**7515 WEST LAKE DRIVE
W PALM BEACH FL 33406**

Mailing Address
**7515 WEST LAKE DRIVE
W PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number

65-0706889

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**TABER, WENDY
7515 WEST LAKE DRIVE
W PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **TABER, WENDY**
STREET ADDRESS **7515 WEST LAKE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wendy Taber

9-21-98

561-968-1946

CR2E034 (5/98)



Florida Department of Revenue

Florida Corporate Short Form Income Tax Return

F-1120A
R. 1/98
Page 1

65-0706889

12/97

PALM BEACH REVIVAL MINISTRIES INC
7515 W LAKE DR
WEST PALM BEACH FL 33406-8737

Quick Line-Item Instructions for F-1120A For Detailed Instructions, See Page 4

- Line 1 - Enter the amount of Federal Taxable Income after the net operating loss deduction and special deductions (line 30 of federal Form 1120 or corresponding line item of the federal return filed). If this amount is negative, type or trace over the negative sign in the box provided. S Corporations answering "No" to question D, page 2, enter "0" on Line 6.
- Line 2 - a. Federal Net Operating Loss Deduction (NOLD). a. \$ 0
b. State Income Taxes deducted in computing Federal Taxable Income. b. \$ 0
c. Total - Add a and b then enter this amount on Line 2. c. \$ 0
- Line 3 - Enter the amount of Florida Net Operating Loss Deduction (NOLD).
- Line 4 - Enter the Florida Exemption, not to exceed \$5,000. For a controlled group or for a short tax year (less than 12 months) see Instructions, page 4.
- Line 5 - Enter the sum of Lines 1 plus 2 minus 3 minus 4 (1 + 2 - 3 - 4). If this amount is negative, type or trace over the negative sign preceding the amount on Line 5, and enter zero (0) on Line 6.
- Line 6 - If Line 5 is a positive amount, multiply Line 5 by 5.5% and enter the result on Line 6.
- Line 7 - Enter the amount of any tentative tax payment, plus any estimated tax payments (carryovers), and any corporate tax credit correction letter issued by DOR.
- Line 8 - See Instructions for penalty and interest, pages 4 and 5.
- Line 9 - Enter the sum of Line 6 minus 7 plus 8 (6 - 7 + 8). If Line 9 is a positive amount, this is the amount of tax due. If Line 9 is a negative amount, you have overpaid your Florida Corporate Income Tax. Type or trace over the negative sign, and complete Line 9a or 9b.
- Line 9a - Place an "X" in this box if the overpayment should be credited toward next year's tax liability.
- Line 9b - Place an "X" in this box if the overpayment should be refunded.

▶ **NOTE:** Failure to file a required return will subject a corporation to penalty, whether or not tax is due.

Who May File F-1120A

A corporation qualifies to file Form F-1120A if it meets **ALL** of the following criteria:

- Florida Net Income is \$45,000 or less.
- Conducts 100% of its business in Florida (does not apportion income).
- Reports a NET OPERATING LOSS DEDUCTION and/or STATE INCOME TAXES as the **ONLY** addition to and/or subtraction from Federal Taxable Income.
- Has no Florida Emergency Excluse Tax (EET) liability. Corporations that only have assets placed into service after 1/1/87, are not subject to Florida EET.
- Does not file a consolidated corporate return.
- Claims no tax credits other than tentative (extension of time) payments or estimated payments.
- Is not required to pay Federal Alternative Minimum Tax.

▶ Do not attach a copy of the federal return, supporting schedules or worksheets at this time. The Department may, however, request them at a later date.

▶ S Corporations, Homeowners/Condominium Associations, and tax exempt organizations, see "Who Must File," page 3.

▶ The original (not a photocopy) of Form F-1120A must be filed to ensure the Department can properly record the return and credit the tax payment.

Make check payable and mail to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE FL 32399-0135

The F-1120A is a machine-readable form. Please follow the hand print or machine print instructions. Use black ink.

If hand printing this document, print your numbers as shown and write one number per box. Write within the boxes.

0 1 2 3 4 5 6 7 8 9

If typing this document, type through the boxes and type all of your numbers together.

0 1 2 3 4 5 6 7 8 9

	DOLLARS										CENTS	
1. Federal Taxable Income	-										0	0
2. Plus (+) Federal NOLD + State Income Tax											0	0
3. Less (-) Florida NOLD											0	0
4. Less (-) Exemption											0	0
5. Equals (=) Florida Net Income	-										0	0
6. Tax Due 5.5% of Line 5											0	0
7. Less (-) Payment Credits												
8. Plus (+) Penalty and Interest (See Instructions)												
9. Total Amount Due or Overpayment (Complete Line 9a or 9b for overpayments)	-										0	0

Florida Corporate Short Form
Income Tax Return
F-1120A
R. 1/98

Mail coupon only.
Keep upper portion for your records.

PALM BEACH REVIVAL MINISTRIES INC
7515 W LAKE DR
WEST PALM BEACH FL 33406-8737

If Line 5 is zero "0" or less, enter "0" on Line 6.

If this amount is \$2,500 or greater, you cannot file F-1120A.

DOR USE ONLY

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FEIN

65-0706889

Taxable Year Beginning

M M D D Y Y

Taxable Year End

M M D D Y Y

REMEMBER TO COMPLETE THE BACK OF THE FORM

040 301297 430502 6507068895