#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003561

Entity Name: NEW REVELATION FULL GOSPEL TEMPLE INC

**FILED** Mar 31, 2021 **Secretary of State** 4734565866CC

# **Current Principal Place of Business:**

7169 HEMLOCK LOOP OCALA. FL 34472

# **Current Mailing Address:**

7169 HEMLOCK LOOP OCALA, FL 34472 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

WHITE, CAROLYN E, 7169 HEMLOCK LOOP OCALA, FL 34472 US

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.

SIGNATURE: CAROLYN E. WHITE 03/31/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

WHITE, LEON SR WHITE, CAROLYN E Name Name 7169 HEMLOCK LOOP 7169 HEMLOCK LOOP Address Address City-State-Zip: OCALA FL 34472 OCALA FL 34472 City-State-Zip:

Title **PRESIDENT** Title **TREASURER** 

FRANKLIN, BRENARD RASHARD Name WHITE-FORD, TIERRA BOUNIQUE Name

Address 4000 SPRING LANE Address 378 MARION OAKS TRL

**UNIT F** 

378 MARION OAKS TRAIL

OCALA FL 34473 City-State-Zip: City-State-Zip: NORCROSS GA 30092

VΡ Title

Title **TREASUER** Name SAILOR, ELISHA L.

Name FORD, DARRYL T 4000 SPRING LANE Address

**UNIT F** 

City-State-Zip: OCALA FL 34473 City-State-Zip: NORCROSS GA 30092

Title **SECRETARY CFO** Title

Name HUDSON, LA'VORAH R. Name WORTHEY, LASABRE L. Address 4000 SPRING LANE Address 4000 SPRING LANE

UNIT F UNIT F

NORCROSS GA 30092 City-State-Zip: City-State-Zip: NORCROSS GA 30092

#### Continues on page 2

Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/31/2021 SIGNATURE: LA'VORAH HUDSON SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title SECRETARY, /OCALA

Name LAMOTHE, CHERMAINE JOVELLE

Address 7169 HEMLOCK LOOP
City-State-Zip: OCALA FL 34472