

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001048

Entity Name: THE CHURCH OF DIVINE REVELATION FAMILY WORSHIP
CENTER, INC.

FILED
Mar 07, 2016
Secretary of State
CC5537043036

Current Principal Place of Business:

1547 N. FLORIDA MANGO RD.
BUILDING #4
WEST PALM BEACH, FL 33409

Current Mailing Address:

4670 PORTOFINO WAY
APT 211
WEST PALM BEACH, FL 33409 US

FEI Number: 55-0860246

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MINOTT, LIONEL JR.
4670 PORTOFINO WAY APT 211
WEST PALM BEACH, FL 33409 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: LIONEL MINOTT

03/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MINOTT, LIONEL
Address 4670 PORTOFINO WAY APT 211
City-State-Zip: WEST PALM BEACH FL 33409

Title VD
Name MINOTT, TONYA DENESE
Address 4670 PORTOFINO WAY APT 211
City-State-Zip: WEST PALM BEACH FL 33409

Title T
Name HOLMES, GREGORY
Address 1500 NORTH CONGRESS AVE APT#B-47
City-State-Zip: WEST PALM BEACH FL 33401

Title S
Name FANFAN, STACEY
Address 1500 N CONGRESS AVE C-17
City-State-Zip: WEST PALM BEACH FL 33401

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.

SIGNATURE: LIONEL MINOTT

PD PASTOR

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date