

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005384

Entity Name: REVELATION 3:20, MISSIONARY MINISTRY AND BIBLICAL TEACHINGS, INC.**Current Principal Place of Business:**10678 SW 186TH STREET
MIAMI, FL 33157**Current Mailing Address:**10678 SW 186TH STREET
MIAMI, FL 33157 US**FEI Number: 34-1998319****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTASUS-MONTAS, NARCISO H PHD REV
10678 SW 186TH STREET
MIAMI, FL 33157 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MONTAS, NARCISO HJR.
Address 10678 SW 186TH STREET
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name DEJESUS, JOSE
Address 1539 SE 27 ST.
203
City-State-Zip: HOMESTEAD FL 33035

Title D
Name BAQUERO, JONATHAN MIN
Address 10834 SW 182ND LANE
City-State-Zip: MIAMI FL 33170

Title D
Name FAJARDO, LORENZA REV
Address 1 STEVENS ROAD, APT 2
City-State-Zip: WALLINGTON NJ 07057

Title DIRECTOR
Name MELENDEZ, ROSE MARIE DR.
Address 1539 SE 27 ST
203
City-State-Zip: HOMESTEAD FL 33035

Title PS
Name MONTAS, NARCISO H PHD.
Address 10809 SW 225TH TERRACE
City-State-Zip: MIAMI FL 33170

Title D
Name ARROYO, NESTOR REV
Address 57 GOLD STREET APT. 1
City-State-Zip: NORTH ARLINGTON NJ 07031

Title D
Name FAJARDO, MIQUEL A REV THD
Address 1 STEVENS ROAD, APT 2
City-State-Zip: WALLINGTON NJ 07057

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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: DR NARCISO MONTAS**PRESIDENT****01/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D
Name	DE JESUS, DORCAS IRIS REV., MFT
Address	9117 NW 190 TERRACE
City-State-Zip:	HIALEAH FL 33018