

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010175

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC1365476525**

**Entity Name:** NEW REVELATION CHURCH IN CHRIST INC.

**Current Principal Place of Business:**

5542 MAYO STREET  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

5542 MAYO STREET  
HOLLYWOOD, FL 33021 US

**FEI Number:** 45-3705807

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KING, DEBRA M  
5460 FLAGLER STREET  
HOLLYWOOD, FL 33021 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 P  
Name KING, DWIGHT LJR  
Address 5542 MAYO STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title VP  
Name GLOVER, CLEVELAND JR  
Address 4311 SW 24TH STREET  
City-State-Zip: HOLLYWOOD FL 33023

Title T  
Name GLOVER, YVONNE  
Address 4311 SW 24TH STREET  
City-State-Zip: HOLLYWOOD FL 33023

Title D  
Name BROWN, GERTRUDE L  
Address 741 NW 14TH TERR  
City-State-Zip: FORT LAUDERDALE FL 33311

Title D  
Name BLACKSHEAR, CASSANDRA YLEE  
Address P.O. BOX 3943  
City-State-Zip: HOLLYWOOD FL 33083

Title D  
Name BLACKSHEAR, WILLIE CJR  
Address P.O. BOX 3943  
City-State-Zip: HOLLYWOOD FL 33083

Title DEACONESS  
Name FERGUSON, MAIZE  
Address 5542 MAYO STREET  
City-State-Zip: HOLLYWOOD FL 33021

*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:** DWIGHT KING

**PRESIDENT**

**04/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date