

2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000003865

Entity Name: REVELATION COMMUNITY EDUCATION CENTER,
INCORPORATED**Current Principal Place of Business:**821 N.W. 104TH STREET
MIAMI , FL 33150**Current Mailing Address:**821 N.W. 104TH STREET
MIAMI, FL 33150 US**FEI Number: 65-0446414****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**REID, JOYCE
821 NW 104TH STREET
MIAMI, FL 33150 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: JOYCE REID****10/10/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	BROWN, PEARL
Address	10535 LEM TURNER RD APT. # 1117
City-State-Zip:	JACKSONVILLE FL 32218
Title	DIRECTOR
Name	PASELY, LENA ANNE PASELY
Address	511 DUNAD AVENUE
City-State-Zip:	OPA LOCKA FL 33054
Title	VICE PRESIDENT
Name	DAY, WANDA
Address	2808 PIONEER ROAD #1
City-State-Zip:	ORLANDO FL 32808
Title	EX-OFFICIO
Name	REID, JOYCE
Address	821 NW 104TH STREET
City-State-Zip:	MIAMI FL 33150

Title	TREASURER
Name	BROWN, FELICIA E.
Address	421 NW 210 CIRCLE TERRACE, APT. 102-26
City-State-Zip:	MIAMI FL 33179
Title	SECRETARY
Name	DAY, JOHNNY LEE
Address	823 NW 104TH STREET
City-State-Zip:	MIAMI FL 33150
Title	DIRECTOR
Name	WRIGHT, ANGELA
Address	1558 NW 66TH STREET
City-State-Zip:	MIAMI FL 33147

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: JOYCE REID**EX-OFFICIO****10/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date