

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02908** (4)

1. Corporation Name
THE REVIVE PRESBYTERIAN CHURCH TABERNACLE OF DAV ID, INC.



Principal Place of Business: 9100 EL PORTAL DRIVE TAMPA FL 33604
Mailing Address: 9100 EL PORTAL DRIVE TAMPA FL 33604

3. Date Incorporated or Qualified: 05/07/1984
3a. Date of Last Report: 08/14/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
		26			59-2865194	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOTOLONGO, ISRAEL 3412 W CARACAS ST. TAMPA FL 33614				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Israel J. Sotolongo* DATE: 2/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO, ISRAEL J.	1.2 NAME	
STREET ADDRESS	3412 W CARACAS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, SOBEIBA	2.2 NAME	
STREET ADDRESS	4401 N. 15TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ANOEL	3.2 NAME	DM
STREET ADDRESS	4949 MARBRISA DR #102	3.3 STREET ADDRESS	Maria I. Sotolongo
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	3412 W CARACAS ST. Tampa, FL 33614
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, ONOFRE	4.2 NAME	
STREET ADDRESS	6935 W. MOHAWK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO, ISRAEL, M	5.2 NAME	
STREET ADDRESS	3412 W CARACA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDIEL ORTIZ	6.2 NAME	
STREET ADDRESS	2121 W RAMBLA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Israel J. Sotolongo* DATE: 2/16/96 DAYTIME PHONE #: 933-9710

CR2E037 (12/95)