

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02908

FILED  
Feb 22, 2005  
Secretary of State

**Entity Name:** THE REVIVE PRESBYTERIAN CHURCH TABERNACLE OF DAVID, INC.

**Current Principal Place of Business:**

9100 EL PORTAL DRIVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

9100 EL PORTAL DRIVE  
TAMPA, FL 33604

**New Mailing Address:**

1108 WILLOW PINES CT.  
TAMPA, FL 33604

FEI Number: 59-2865194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOTOLONGO, ISRAEL J  
1108 WILLOW PINES CT.  
TAMPA, FL 33604 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: SOTOLONGO, ISRAEL J.,  
Address: 1108 WILLOW PINES CT.  
City-St-Zip: TAMPA, FL 33604

Title: SD ( ) Delete  
Name: GUZMAN, SOBEIBA,  
Address: 4401 N. 15TH STREEET  
City-St-Zip: TAMPA, FL 33610

Title: DM ( ) Delete  
Name: SOTOLONGO, MARIA I.  
Address: 3412 W CARACAS ST  
City-St-Zip: TAMPA, FL

Title: T ( ) Delete  
Name: LIMA, ONOFRE,  
Address: 6935 W. MOHAWK AVE  
City-St-Zip: TAMPA, FL 33634

Title: VD ( ) Delete  
Name: SOTOLONGO, ISRAEL, M,  
Address: 3412 W CARACA ST  
City-St-Zip: TAMPA, FL

Title: M ( ) Delete  
Name: AJO, HENRY  
Address: 19803 MORDEN BLUSH DR.  
City-St-Zip: TAMPA, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ISRAEL J. SOTOLONGO

PDC

02/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date