## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

22

23

24

Zip

City & State

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO2908

(4)

THE REVIVE PRESBYTERIAN CHURCH TABERNACLE OF DAV ID. INC.

Principal Place of Business

9100 EL PORTAL DRIVE
TAMPA FL 33604

2. Principal Place of Business

2a. Mailing Address

2b. Wailing Address

2c. Principal Place of Business

2c. Principal Place of Business

2d. Suite, Apt. #, etc.

27

28

City & State

Zip

25 29 9. Name and Address of Current Registered Agent

Country

## FILED Jan 31 1997 8:00am Secretary of State



☐ Yes ☐ No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report 03/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Daytime Phone # 0047182

Not Applicable

3. Date incorporated or Qualified 05/07/1984

59-2865 194

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

SOTOLONGO, ISRAEL 3412 W CARACAS ST.			[6]	B1 Name					
			82	2 Street Address (P.O. Box Number is Not Acceptable)					
			83				····		
TAMPA FL 33614									
			84	City		FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the				named (	corporation submits this statement for th		changing	ts 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   Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinstating) DATE									
12.									
TITLE	PDC	DELETE	1.1 TITLE	•		71021.074.02	Change	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				j	
TITLE	SD	DELETE	2.1 TITLE				Change	Addition	
NAME	GUZMAN, SOBEIBA		2.2 NAME						
STREET ADDRESS	4401 N. 15TH STREEET		23 STREET	NDDAESS					
CITY-ST-ZIP	TAMPA FL 33610		2. 4 CiTY+S	r-ZIP				Ì	
TITLE	DM	DELETE	3.1 TITLE				Change	Addition	
NAME	SOTOLONGO, MARIA I.		3.2 NAME			1			
STREET ADDRESS	3412 W CARACAS ST		3.3 STREET	ADDRESS		•		į	
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP						
TOLE	T	DELETE	4.1 TITLE				Change	☐ Addition	
NAME	LIMA, ONOFRE		4. 2 NAME	i					
STREET ADDRESS	6935 W.MOHAWK AVE		4.3 STREET	NOORESS	•		4	Į	
CITY-ST-ZIP	TAMPA FL 33634		4.4 CITY-S1	- ZIP					
TITLE	VD	☐ DELETE	5.1 TITLE		9		☐ Change	☐ 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		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY - ST - ZIP			6.4 CITY - ST						
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 if changed, or on an attachine by the appears in Block 12 or Block 1									

Country

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