FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **704177** **(5)**

1. Corporation Name

JIMMIE DOBBS REVIVAL CENTER, INC.

Principal Place of Business	Mailing Address
5461 COMMONWEALTH AVE POST OFFICE BOX 6118 JACKSONVILLE FL 32205	5461 COMMONWEALTH AVE POST OFFICE BOX 6118 JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1962**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2149453** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

DOBBS, JIMMIE
5466 COMMONWEALTH AVE
JAX FL 32205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 607.0505, Florida Statutes.

SIGNATURE(S)
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent without changing Registered Office, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)		
01 Title	P	11 Title	P	X Change ☐ Addition
02 Name	DOBBS,JIMMIE	12 Name	Dobbs, Jimmie	
03 Street Address	5466 COMMONWEALTH AVE.	13 Street Address	1350 Bulls Bay Hwy.	
04 City, St, Zip	JACKSONVILLE FL	14 City, St, Zip	Jacksonville, Florida 32220	
05 Title	V	21 Title	V	X Change ☐ Addition
06 Name	DOBBS,JOYCE	22 Name	Dobbs, Joyce	
07 Street Address	5466 COMMONWEALTH AVE.	23 Street Address	1350 Bulls Bay Hwy.	
08 City, St, Zip	JACKSONVILLE FL	24 City, St, Zip	Jacksonville, Florida 32220	
09 Title	S	31 Title	S	X Change ☐ Addition
10 Name	DOBBS,STEVE	32 Name	Dobbs, Steve	
11 Street Address	3377 DEASON AVENUE	33 Street Address	1358 Bulls Bay Hwy.	
12 City, St, Zip	JACKSONVILLE FL	34 City, St, Zip	Jacksonville, Florida 32220	
13 Title	D	41 Title	D	X Change ☐ Addition
14 Name	ROBERTS, REBECCA GAIL	42 Name	Roberts, Rebecca Gail	
15 Street Address	3383 MABRY TERRACE	43 Street Address	6419 Kenny Dr.	
16 City, St, Zip	JACKSONVILLE FL	44 City, St, Zip	Jacksonville, Florida 32254	
17 Title	D	51 Title	D	X Change ☐ Addition
18 Name	LEE, GLENDA E.	52 Name	Lee, Glenda E.	
19 Street Address	WOODELM DRIVE NORTH	53 Street Address	1848 N. Laura St.	
20 City, St, Zip	JACKSONVILLE FL	54 City, St, Zip	Jacksonville, Florida 32206	
21 Title	D	61 Title	D	X Change ☐ Addition
22 Name	JOHNSON, DEBBIE D	62 Name	Johnson, Debbie D.	
23 Street Address	1452 BULLS BAY HWY	63 Street Address	1452 Bulls Bay Hwy.	
24 City, St, Zip	JACKSONVILLE FL	64 City, St, Zip	Jacksonville, Florida 32220	

14. I/We 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: Jimmie Dobbs 5-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

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