

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90132 031 \*\*\*\*61.25

0087814

**DOCUMENT # F01000005758**  
1. Entity Name  
**RIVER OF REVIVAL MINISTRIES, INC.**



Principal Place of Business      Mailing Address  
**1040 E. MCCANSE ST.  
SPRINGFIELD MO 65803**      **1040 E. MCCANSE ST.  
SPRINGFIELD MO 65803**

**70138669**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**P.O. Box 36355**

City & State      City & State  
**Pensacola FL**

4. FEI Number **81-0518343**      Applied For  
Not Applicable

Zip      Country      Zip      Country  
**32516      USA**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MARTIN, LARRY  
8202 KAUSE ROAD  
PENSACOLA FL 32506**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD MARTIN, LARRY 8202 KAUSE ROAD PENSACOLA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MONTGOMERY, DAVID ROUTE 2 BOX 2-2 COMANCHE OK</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MARTIN, TAJUANA 8202 KAUSE ROAD PENSACOLA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARKINS, WARREN RT 2 BOX 2 COMANCHE OK</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOWMAN, CHARLES BUNOANT LIFE TABERNACLE HARDEEVILLE SC 29927</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEAL, WAYNE 221 LUNDH BLVD MARSHFIELD MO 65706</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

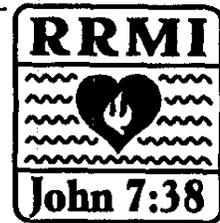
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: \_\_\_\_\_**      **SIGNATURE REQUIRED**      **6/2/03**      **850-457-7057**

CR2E037 (10/02)

~~Attachment~~  
~~# F 01000005758~~

90138669



June 2, 2003

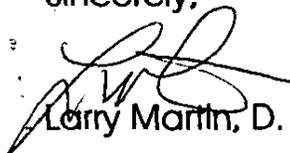
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302

To Whom It May Concern:

I apologize for the tardiness of this filing. The agent in Missouri does not always forward mail to me in a timely manner. I have changed the mailing address to make sure this does not happen again.

Thank you.

Sincerely,

  
Larry Martin, D. Min

**River of Revival Ministries, Inc.**

**P.O. Box 36355 - Pensacola, FL 32516**

**Telephone - 850.457.7057 - Fax 850.458.9339**

**www.rmi.org - email: riverofrevival@sofnet.com**

He that believeth  
on me, as the  
scripture hath  
said, out of his  
belly shall flow  
rivers of living  
water. John 7:38