

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

**1040 E. MCCANSE ST.
SPRINGFIELD MO 65803**

Mailing Address

**1040 E. MCCANSE ST.
SPRINGFIELD MO 65803**

30138669



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 36355

City & State

City & State

Pensacola FL

Zip

Country

Zip

Country

32516 USA

4. FEI Number **81-0518343**

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

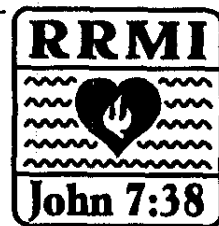
SIGNATURE REQUIRED

6/2/03 850-457-7057

CR2E037 (10/02)

~~Attorney~~
~~# F 01000005758~~

90138669



June 2, 2003

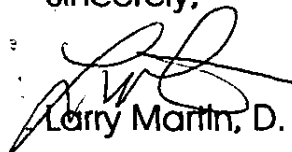
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

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