


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06407</b> 1. Entity Name REVIVAL OUTREACH CENTER OF HILLSBOROUGH COUNTY, INC.	
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Principal Place of Business 225 N. DOVER ROAD DOVER, FL 33527	Mailing Address 225 N. DOVER ROAD DOVER, FL 33527
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02202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2484905	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WILSON, RICK C 231 N. DOVER ROAD DOVER, FL 33527	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, MYRA 231 N. DOVER ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAREY, RICH 731 GRAND CANYON DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHISM, ALAN 5415 ENDEAVOR AVENUE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHISM, VICKI 5415 ENDEAVOR AVENUE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, RICK 231 NORTH DOVER ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/03/07-80070-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Rick C. Wilson</u> RICK WILSON	3-1-07	813686 2250
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>