

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90036 013 ****61.25

DOCUMENT # N51352

1. Entity Name

SUMMERFIELD CHRISTIAN REVIVAL CENTER, INC.



Principal Place of Business

14500 S.E. 70TH ROAD
SUMMERFIELD FL 34492

Mailing Address

C/O VICTOR E MULLIN, JR
P.O. BOX 153 14500 SE 70TH RD
SUMMERFIELD FL 34492
US

94015330



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3150933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLIN, VICTOR E., JR.
14500 S.E. 70TH RD
SUMMERFIELD FL 34492

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
Due By May 1, 2004

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	P	<input type="checkbox"/> Delete
NAME	MULLIN, VICTOR E., JR.	
STREET ADDRESS	14500 SE 70TH RD	
CITY-ST-ZIP	SUMMERFIELD FL 34492	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANDERS, PRISCILLA J.	
STREET ADDRESS	2310 N. ROLLING HILL RD.	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MULLIN, ESTHER M.	
STREET ADDRESS	14500 SE 70TH RD	
CITY-ST-ZIP	SUMMERFIELD FL 34492	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIN, JERRY E.	
STREET ADDRESS	14420 SE 94TH P.O. BOX 3523	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIN, DANIEL E.	
STREET ADDRESS	707 POWELL ST	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLIER, JAMES	
STREET ADDRESS	102 S WARFIELD AVE	
CITY-ST-ZIP	WILDWOOD FL 34785	

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: *Victor E. Mullin Jr.* Victor E. Mullin, Jr. 2/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-347-5709