


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90269 020 ****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



2. Principal Place of Business
14500 SE 70th Road

3. Mailing Address
To Victor E. Mullin Jr
PO Box 153 14500 SE 70th Rd

Suite, Apt. #, etc.

City & State
Summerfield Florida

City & State
Summerfield, Florida

Zip
34492

Country
USA

Zip
34492

Country
USA

02092005 Chg-NP CR2E037 (10/03)

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 *Victor E. Mullin* **Victor E. Mullin** *3/3/05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	<input type="checkbox"/> Delete
P	MULLIN, VICTOR E., JR.	14500 SE 70TH RD	SUMMERFIELD, FL 34492	<input type="checkbox"/>
V	SANDERS, PRISCILLA J.	2310 N. ROLLING HILL RD.	WILDWOOD, FL 34785	<input type="checkbox"/>
ST	MULLIN, ESTHER M	14500 SE 70TH RD	SUMMERFIELD, FL 34492	<input type="checkbox"/>
D	MULLIN, JERRY E.	14420 SE 94TH P.O. BOX 3523	SUMMERFIELD, FL	<input type="checkbox"/>
D	MULLIN, DANIEL E.	707 POWELL ST	WILDWOOD, FL 34785	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>Sanders Priscilla J</i>	<i>9355 CR 174</i>	<i>Wildwood, FL 34785</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Priscilla J. Sanders* **Priscilla J. Sanders** *3/3/05* *352 347 5709*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone