


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N51352 1. Entity Name SUMMERFIELD CHRISTIAN REVIVAL CENTER, INC.	
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Principal Place of Business 14500 S.E. 70TH ROAD SUMMERFIELD FL 34492	Mailing Address C/O VICTOR E MULLIN, JR P.O. BOX 163 14500 SE 70TH RD SUMMERFIELD FL 34492 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3150933	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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		<input type="checkbox"/> Delete
TITLE	P MULLIN, VICTOR E., JR.	<input type="checkbox"/>
NAME	14500 SE 70TH RD	
STREET ADDRESS	SUMMERFIELD FL 34492	
CITY- ST- ZIP		
TITLE	V SANDERS, PRISCILLA J.	<input type="checkbox"/>
NAME	9355 CR 1H	
STREET ADDRESS	WILDWOOD FL 34785	
CITY- ST- ZIP		
TITLE	ST MULLIN, ESTHER M	<input type="checkbox"/>
NAME	14500 SE 70TH RD	
STREET ADDRESS	SUMMERFIELD FL 34492	
CITY- ST- ZIP		
TITLE	D MULLIN, JERRY E.	<input type="checkbox"/>
NAME	14420 SE 94TH P.O. BOX 3523	
STREET ADDRESS	SUMMERFIELD FL	
CITY- ST- ZIP		
TITLE	D MULLIN, DANIEL E.	<input type="checkbox"/>
NAME	707 POWELL ST	
STREET ADDRESS	WILDWOOD FL 34785	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

110000485024
04/12/06 00166-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Victor E. Mullin* Victor E. MULLIN 3/21/06 317-67 (352)