

FILE NOW: FILING FEE IS \$61.25

970

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90242 038 ****70.00

DOCUMENT # N06407

1. Corporation Name

REVIVAL OUTREACH CENTER OF HILLSBOROUGH COUNTY,
INC.

Principal Place of Business

225 N. DOVER ROAD
DOVER FL 33527

Mailing Address

225 N. DOVER ROAD
DOVER FL 33527

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/30/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2484905	
24 Country		29 Country		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HUMPHREY, JERRY
4707 BEACHMONT DR
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name	Rick C. Wilson
82 Street Address (P.O. Box Number is Not Acceptable)	231 N. Dover Rd.
83	
84 City	Dover
85 Zip Code	FL 33527

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Rick C. Wilson President

2-16-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	V/D
NAME	WALDRON, JIM	1.2 NAME	Wilson, Myra
STREET ADDRESS	4809 N. GALLAGHER	1.3 STREET ADDRESS	231 N. Dover Rd.
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Dover, FL 33527
TITLE	SD	2.1 TITLE	D
NAME	DIBENEDETTO, NICK	2.2 NAME	Dibenedetto, Nick
STREET ADDRESS	1110 MELROSE ST.	2.3 STREET ADDRESS	1110 Melrose St.
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	Seffner, FL 33584
TITLE	MD	3.1 TITLE	T/P
NAME	HABBESHAW, BOB	3.2 NAME	Schism, Alan
STREET ADDRESS	2820 STEARNS RD	3.3 STREET ADDRESS	5415 Endeavor Ave.
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	Dover, FL 33527
TITLE	TD	4.1 TITLE	S/D
NAME	HUMPHREY, JERRY	4.2 NAME	Schism, Vicki
STREET ADDRESS	4707 BEACHMONT DR.	4.3 STREET ADDRESS	5415 Endeavor Ave.
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	Dover, FL 33527
TITLE		5.1 TITLE	P/D
NAME		5.2 NAME	Wilson, Rick
STREET ADDRESS		5.3 STREET ADDRESS	231 N. Dover Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Dover, FL 33527
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rick C. Wilson 2-16-99 8136812250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)