

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004532

1. Entity Name

REVELATION MINISTRIES, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90049 047 ****61.25

Principal Place of Business

Mailing Address

5300 NW 33 AVE
217
FORT LAUDERDALE FL 33309
US

5300 NW 33 AVE
217
FORT LAUDERDALE FL 33334-2713
US

2. Principal Place of Business

3. Mailing Address

1881 N. University Dr
Suite, Apt. #, etc.
107

1881 N. University Dr
Suite, Apt. #, etc.
107

City & State

City & State

Coral Springs FL

Coral Springs FL

Zip

Country

Zip

Country

33071 US

33071 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0694890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN C DOWNS
5300 NW 33 AVE STE 217
SUITE 210
FT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

1881 N. University Dr.

Suite 107

City

Coral Springs

FL

Zip Code

33071

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.

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLETT, KIM REV.	
STREET ADDRESS	6363 NW 6TH WAY, STE 210	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ALAN TRAVIS	
STREET ADDRESS	859 NE 33 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SARA D	
STREET ADDRESS	859 NE 33 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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: *Alan Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

954-566-7043

Daytime Phone #

CR2E037 (9/99)