

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005633

1. Entity Name

REVELATION OF JESUS CHRIST INCORPORATED



Principal Place of Business
525 W BROWN LEE RD
STARKE FL 32091

Mailing Address
525 W BROWN LEE RD
STARKE FL 32091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

82-0560616

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

MINCHEW, LEON L JR
525 W BROWN LEE RD
STARKE FL 32091

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

Leon L. Minchew

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

Leon L. Minchew

(NOTE: Registered Agent signature required when reinstating)

4-15-05

DATE

FILE NOW: 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	P	<input type="checkbox"/> Delete
NAME	MINCHEW, LEON L	
STREET ADDRESS	19444 N.W. 50TH AVENUE	
CITY - ST - ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINCHEW, BETTY F	
STREET ADDRESS	525 W BROWN LEE RD	
CITY - ST - ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNEY, KIMBERLY SUE	
STREET ADDRESS	RT 2 BOX 1570	
CITY - ST - ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNTON, JANET	
STREET ADDRESS	3978 NW 178 LOOP	
CITY - ST - ZIP	STARKE FL 32091	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000318746

04/20/05-80071-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Leon L. Minchew (P) *Leon L. Minchew* 4-15-05 964-3188 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #