2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N06407

1. Entity Name
REVIVAL OUTREACH CENTER OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business	Mailing Address
225 N. DOVER ROAD DOVER, FL 33527	225 N. DOVER ROAD DOVER, FL 33527

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02202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2484905
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, RICK C
231 N. DOVER ROAD
DOVER, FL 33527

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WILSON, MYRA
STREET ADDRESS	231 N. DOVER ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	CAREY, RICH
STREET ADDRESS	731 GRAND CANYON DR.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	TD
NAME	SCHISM, ALAN
STREET ADDRESS	5415 ENDEAVOR AVENUE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	SD
NAME	SCHISM, VICKI
STREET ADDRESS	5415 ENDEAVOR AVENUE
CITY-ST-ZIP	DOVER, FL 33527
TITLE	PD
NAME	WILSON, RICK
STREET ADDRESS	231 NORTH DOVER ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07-80070-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Rick C. Wilson RICK WILSON 3-1-07 8136862250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #