


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90204 007 ****61.25

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 - No P.O. Box # 14469 SR 100W		3. Mailing Address 14469 SR 100W			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Butler Fla		City & State Lake Butler Fla		4. FEI Number 82-0560616	
Zip 32058		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MINCHEW, LEON L JR 525 W BROWN LEE RD STARKE, FL 32091			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME MINCHEW, LEON L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19444 N.W. 50TH AVENUE	CITY - ST - ZIP STARKE, FL 32091		NAME	STREET ADDRESS	
TITLE D	NAME MINCHEW, BETTY F	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 525 W BROWN LEE RD	CITY - ST - ZIP STARKE, FL 32091		NAME	STREET ADDRESS	
TITLE D	NAME MCKINNEY, KIMBERLY SUE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS RT 2 BOX 1570	CITY - ST - ZIP STARKE, FL 32091		NAME	STREET ADDRESS	
TITLE D	NAME THORNTON, JANET	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3978 NW 178 LOOP	CITY - ST - ZIP STARKE, FL 32091		NAME	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
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 <i>Leon Minchew</i>			Date 4-23-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 904 964-3189		