2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 11, 2009
Secretary of State

DOCUMENT# N06407

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

Current Principal Place of Business:

225 N. DOVER ROAD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

225 N. DOVER ROAD
DOVER, FL 33527

New Mailing Address:

FEI Number: 59-2484905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: WILSON, MYRA
Address: 225 N DOVER RD
City-St-Zip: DOVER, FL 33527

Title: D ( ) Delete
Name: CAREY, RICH
Address: 731 GRAND CANYON DR.
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete
Name: SCHISM, ALAN
Address: 5415 ENDEAVOR AVENUE
City-St-Zip: DOVER, FL 33527

Title: SD ( ) Delete
Name: SCHISM, VICKI
Address: 5415 ENDEAVOR AVENUE
City-St-Zip: DOVER, FL 33527

Title: PD ( ) Delete
Name: WILSON, RICK
Address: 225 N DOVER RD
City-St-Zip: DOVER, FL 33527

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ANDERSON, WAYNE
Address: 2701 N. TURNBERRY WAY
City-St-Zip: MERIDAN, ID 83642

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: FORD, KEVIN
Address: 1834 WINN ARTHUR
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK WILSON PD 08/11/2009

Electronic Signature of Signing Officer or Director — Date