

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06407

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**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:**

WILSON, RICK C  
2817 LAUREL LEAF DR  
VALRICO, FL 33594 US

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:

03/05/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: WILSON, MYRA  
Address: 2817 LAUREL LEAF DR  
City-St-Zip: VALRICO, FL 33594

Title: VP  
Name: ANDERSON, WAYNE  
Address: 2701 N. TURNBERRY WAY  
City-St-Zip: MERIDAN, ID 83642

Title: TD  
Name: FORD, KEVIN  
Address: 12 CRIMSON CIRCLE  
City-St-Zip: TROY, NY 12180

Title: PD  
Name: WILSON, RICK C  
Address: 2817 LAUREL LEAF DR  
City-St-Zip: VALRICO, FL 33594

I hereby 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 all other like empowered.

SIGNATURE: RICK C. WILSON

PD

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date