

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704177

**Entity Name:** PAXON REVIVAL CENTER CHURCH, INC.

**Current Principal Place of Business:**

5461 COMMONWEALTH AVE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

5461 COMMONWEALTH AVE  
JACKSONVILLE, FL 32254 US

**FEI Number:** 59-2149453

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOBBS, STEVE B  
1358 BULLS BAY HWY.  
JACKSONVILLE, FL 32220 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DOBBS, STEVE  
Address 1358 BULLS BAY HWY  
City-State-Zip: JACKSONVILLE FL 32220

Title V  
Name DOBBS, WILLENE  
Address 1358 BULLSBAY HWY  
City-State-Zip: JAX FL 32220

Title D  
Name OSTEEN, HOLLIS  
Address 9126 WOLLITZ PLACE  
City-State-Zip: JACKSONVILLE FL 32220

Title D  
Name JONES, KEVIN  
Address 5225 LENOX AVE.  
City-State-Zip: JACKSONVILLE FL 32205

Title D  
Name WEGMAN, DANNY  
Address 8510 MILITARY PKWY  
City-State-Zip: DALLAS TX 75227

*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:** STEVE DOBBS

**PRESIDENT**

**02/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date