

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004903

Entity Name: SANDERSON CHRISTIAN REVIVAL CENTER INC.**Current Principal Place of Business:**SANDERSON CHRISTIAN REVIVAL CENTER
RT 1, BOX 3680
GLEN ST MARY, FL 32040**Current Mailing Address:**PO BOX 31
RAIFORD, FL 32083**FEI Number:** 59-3710357**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GRIFFIS, NANCY
15540 NE 264 LANE
RAIFORD, FL 32083 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 DT
Name GRIFFIS, MARVIN
Address 15540 NE 264 LANE
City-State-Zip: RAIFORD FL 32083Title D
Name HENDERSON, SHIRLEY
Address 22511 NW COUNTY ROAD 235
City-State-Zip: LAKE BUTLER FL 32054Title D
Name SLUDER, LARRY
Address 1653 WHIPPORRWILL LANE
City-State-Zip: GLEN ST. MARY FL 32054Title D
Name PRICE, GARY
Address 13924 ABERNATHY CIRCLE
City-State-Zip: SANDERSON FL 32087Title D
Name GRIFFIS, BOBBY
Address 22511 NW COUNTY ROAD 235
City-State-Zip: LAKE BUTLER FL 32054

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: MARVIN GRIFFIS

DT

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date