

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006337

**Entity Name:** REVIVE MINISTRIES, INC.

**Current Principal Place of Business:**

3948 HWY 90  
PACE, FL 32571

**Current Mailing Address:**

3948 HWY 90  
PACE, FL 32571

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ROGERS, JOSEPH  
3948 HWY 90  
PACE, FL 32571 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 D  
Name ROGERS, JOSEPH  
Address 3948 HWY 90  
City-State-Zip: PACE FL 32571

Title D  
Name ROGERS, TAYLOR  
Address 3948 HWY 90  
City-State-Zip: PACE FL 32571

Title D  
Name ROGERS, RITA  
Address 3948 HWY 90  
City-State-Zip: PACE FL 32571

*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: JOSEPH ROGERS**

**DIRECTOR**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date