

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06407

**Entity Name:** REVIVAL OUTREACH CENTER OF HILLSBOROUGH COUNTY, INC.**FILED**  
**Apr 19, 2023**  
**Secretary of State**  
**0149351214CC****Current Principal Place of Business:**3433 LITHIA PINECREST RD  
SUITE 284  
VALRICO, FL 33596**Current Mailing Address:**3433 LITHIA PINECREST RD  
SUITE 284  
VALRICO, FL 33596 US**FEI Number: 59-2484905****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILSON, RICHARD CHASE  
3433 LITHIA PINECREST RD  
SUITE 284  
VALRICO, FL 33596 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: RICHARD CHASE WILSON****04/19/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	WILSON, RICHARD CHASE
Address	3433 LITHIA PINECREST RD STE #284
City-State-Zip:	VALRICO FL 33596

Title	VP, TREASURER
Name	WILSON, KIMBERLY JEAN
Address	3343 LITHIA PINECREST RD SUITE 284
City-State-Zip:	VALRICO FL 33596

Title	SECRETARY
Name	SUSAN, CARTER
Address	3433 LITHIA PINECREST RD SUITE 284
City-State-Zip:	VALRICO FL 33596

Title	DIRECTOR
Name	PATTI, AMSDEN
Address	3433 LITHIA PINECREST RD SUITE 284
City-State-Zip:	VALRICO FL 33596

Title	DIRECTOR
Name	DENNIS, AMSDEN
Address	3433 LITHIA PINECREST RD SUITE 284
City-State-Zip:	VALRICO FL 33596

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: RICHARD C WILSON****PRESIDENT****04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date