

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06407

**Entity Name:** REVIVAL OUTREACH CENTER OF HILLSBOROUGH COUNTY, INC.

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**4205814766CC**

**Current Principal Place of Business:**

3323 MICHENER PL  
PLANT CITY, FL 33566

**Current Mailing Address:**

554 EMMAUS WAY  
MORAVIAN FALLS, NC 28654 US

**FEI Number:** 59-2484905

**Certificate of Status Desired:** No

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

WILSON, JUSTIN CHASE  
3323 MICHENER PL  
PLANT CITY, FL 33566 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:** JUSTIN CHASE WILSON

04/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILSON, RICHARD CHASE  
Address        554 EMMAUS WAY  
City-State-Zip: MORAVIAN FALLS NC 28654

Title            VP, TREASURER  
Name            WILSON, KIMBERLY JEAN  
Address        554 EMMAUS WAY  
City-State-Zip: MORAVIAN FALLS NC 28654

Title            SECRETARY  
Name            SUSAN, CARTER  
Address        102 SILVERSTONE DR  
City-State-Zip: MURFREESBORO TN 37130

Title            DIRECTOR  
Name            PATTI, AMSDEN  
Address        19 DEER TRAIL  
City-State-Zip: COLLINSVILLE IL 62234

Title            DIRECTOR  
Name            DENNIS, AMSDEN  
Address        19 DEER TRAIL  
City-State-Zip: COLLINSVILLE IL 62234

*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 CHASE WILSON

**PRESIDENT**

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date