

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

DOCUMENT# N06407

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

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC7666653702**

**Current Principal Place of Business:**

225 N. DOVER ROAD  
DOVER, FL 33527

**Current Mailing Address:**

225 N. DOVER ROAD  
DOVER, FL 33527

**FEI Number: 59-2484905**

**Certificate of Status Desired: No**

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

WILSON, RICK C  
2817 LAUREL LEAF DR  
VALRICO, FL 33594 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	SD	Title	VP
Name	WILSON, MYRA	Name	ANDERSON, WAYNE
Address	2817 LAUREL LEAF DR	Address	2701 N. TURNBERRY WAY
City-State-Zip:	VALRICO FL 33594	City-State-Zip:	MERIDAN ID 83642
Title	TD	Title	PD
Name	FORD, KEVIN	Name	WILSON, RICK C
Address	12 CRIMSON CIRCLE	Address	2817 LAUREL LEAF DR
City-State-Zip:	TROY NY 12180	City-State-Zip:	VALRICO FL 33594

*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: RICK C WILSON**

**PRESIDENT**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date