

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

DOCUMENT# F01000005758

**Entity Name:** RIVER OF REVIVAL MINISTRIES, INC.**Current Principal Place of Business:**1605 E. HIGH ST.  
SPRINGFIELD, MO 65803**Current Mailing Address:**P.O. BOX 36355  
PENSACOLA, FL 32516**FEI Number: 81-0518343****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, LARRY  
8202 KAUSE ROAD  
PENSACOLA, FL 32506 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	PCD
Name	MARTIN, LARRY
Address	8202 KAUSE ROAD
City-State-Zip:	PENSACOLA FL

Title	VD
Name	MONTGOMERY, DAVID
Address	ROUTE 2 BOX 2-2
City-State-Zip:	COMANCHE OK

Title	STD
Name	MARTIN, SUMMER JO
Address	8202 KAUSE ROAD
City-State-Zip:	PENSACOLA FL 32506

Title	D
Name	HARKINS, WARREN
Address	BOX 773
City-State-Zip:	MCALISTER OK 74502

Title	D
Name	MARTIN, DANNY
Address	1202 BROADWAY
City-State-Zip:	MARLOW OK 73055

*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: LARRY E MARTIN****PRESIDENT****01/14/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date