

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90022 005 \*\*\*\*70.00

**DOCUMENT # 711265**  
 1. Entity Name  
**REVIVAL CHURCH, INC.**



Principal Place of Business Mailing Address  
**REVIVAL CHURCH INC.**  
**631 EAST DANIA BEACH BLVD**  
**DANIA FL 33004**  
**US**

**REVIVAL CHURCH INC.**  
**PO BOX 1202**  
**DANIA FL 33004**  
**US**



2. Principal Place of Business - No P.O. Box #  
*Revival Church Inc.*  
 Suite, Apt. #, etc.  
*4820 S.W. 28 Terr.*

3. Mailing Address  
*Revival Church Inc.*  
 Suite, Apt. #, etc.  
*P.O. Box 1202*

1st MOORE CR2E037 (10/07)

City & State  
*DANIA FL 33312*

City & State  
*Dania FL 33004*

Zip Country  
*33312 Panama*

Zip Country  
*33004 Panama*

4. FEI Number **26-5460424**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TORRES, GLADYS**  
**2040 SW 57TH CT**  
**FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUZMAN, SAUL PO BOX 1202 DANIA FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUZMAN, ELIZBETH PO BOX 1202 DANIA FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUZMAN, EDNA I. PO BOX 1202 DANIA FL 33004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELGADO, ROGELIO Z P O BOX 4120 SHOW LOW AZ 85901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, NILSA PO BOX 1750 SHOW LOW AZ 85902 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GYZMAN, FRANKLIN PO BOX 1750 SHOW LOW AZ 85902 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Saul Guzman* **PRESIDENT** **3-1-2008** **954-990-3725**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #