2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711265

FILED Jan 19, 2009 Secretary of State

Entity Nan	ne: REVIVAL CHURCH, INC.			
Current Principal Place of Business:		New Principal	New Principal Place of Business:	
	CHURCH INC 18 TERRACE 33312 US			
Current Mailing Address:		New Mailing Address:		
REVIVAL C PO BOX 12 DANIA, FL				
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable	le () Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Add	Name and Address of New Registered Agent:	
The above	i7TH CT IDERDALE, FL 33312 US named entity submits this statement for the	purpose of changing its re	egistered office or registered agent, or both,	
in the State	e of Florida.			
SIGNATUR	RE: Electronic Signature of Registered Ac	nent .	Date	
OFFICERS	S AND DIRECTORS:		HANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete GUZMAN, SAUL PO BOX 1202 DANIA, FL 33004	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete GUZMAN, ELIZBETH PO BOX 1202 DANIA, FL 33004	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete GUZMAN, EDNA I. PO BOX 1202 DANIA, FL 33004	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete PEREZ, NILSA PO BOX 1750 SHOW LOW, AZ 85902	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete GYZMAN, FRANKLIN PO BOX 1750 SHOW LOW, AZ 85902	Address: PO	(X) Change()Addition IZMAN, FRANKLIN BOX 1750 OW LOW, AZ 85902	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAUL GUZMAN PD 01/19/2009