

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727250

FILED
Apr 30, 2008
Secretary of State

Entity Name: ARCADIA REVIVAL CENTER, INC.

Current Principal Place of Business:

201 N 11TH AVE
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

201 N 11TH AVE
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-1899982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, WALTER T
403 E. PINE ST
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ROSE, JACK
Address: 2692 NE HWY 70 BOX 152
City-St-Zip: ARCADIA, FL 34266 US

Title: T () Delete
Name: VANAKEN, JEFF K
Address: 2884 NW CR 661
City-St-Zip: ARCADIA,, FL 34266 US

Title: P () Delete
Name: BRANCH, WALTER T
Address: 403 E PINE ST
City-St-Zip: ARCADIA, FL 34266 US

Title: D () Delete
Name: CLAY, JAMES
Address: P.O. BOX 2800
City-St-Zip: ARCADIA, FL 34265 US

Title: D () Delete
Name: WICKEY, ALLEN
Address: 7895 NE HWY 17
City-St-Zip: ARCADIA, FL 34266 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALTER T. BRANCH

CHAI

04/30/2008

Electronic Signature of Signing Officer or Director

Date