


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90109 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 731833					
1. Corporation Name JOHNNY CHAMBERS REVIVALS, INC.					
Principal Place of Business 2311 SAMMONDS ROAD PLANT CITY FL 33567 US			Mailing Address 2311 SAMMONDS ROAD PLANT CITY FL 33567 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/10/1975	
22 City & State		27 City & State		4. FEI Number 59-1581392	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CHAMBERS, JOHNNY L. 2311 SAMMONDS RD. PLANT CITY FL 33567			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE		PD		1.1 TITLE	
NAME		CHAMBERS, JOHNNY L.		1.2 NAME	
STREET ADDRESS		2311 SAMMONDS RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP		PLANT CITY FL 33567		1.4 CITY-ST-ZIP	
TITLE		SD		2.1 TITLE	
NAME		EPPS, JOHN		2.2 NAME	
STREET ADDRESS		8613 16TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA FL 33604		2.4 CITY-ST-ZIP	
TITLE		VD		3.1 TITLE	
NAME		CHAMBERS, NATALIE		3.2 NAME	
STREET ADDRESS		2311 SAMMONDS RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP		PLANT CITY FL 33567		3.4 CITY-ST-ZIP	
TITLE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	



SIGNATURE:

Natalie Chambers **REQUIRE** *Natalie Chambers 4-6-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)