## FILE NOW: FILING FEE IS \$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

2311 SAMMONDS ROAD PLANT CITY FL 33567

Mailing Address

US

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

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



2. Principal Pl	ace of Business 2a. Mailing Address						3. Date Incorporated or Qualified 02/10/.1975					
21	26			4				4. FEI Number Applied Fo.				
Suite, Apt.	— — — — — — — — — — — — — — — — — — —						_ 59-1581392				ot Applicable	
22		- 27 · · ·		:: - حجست	-	<u> </u>		130 1002	·		<del></del>	Additional
City & State	City & State City & State						5. Certii	fcate of Status Des	sired			equired
Zip	Country Zip			Country								May Be
24	25 29 3				30			Trust Fund Contribution				to Fees
	9. Name and Address of Current	Registere	d Agent				10. Nam	e and Address of	New Re	gistered	Agent	
					81	Name						
CHAMBERS, JOHNNY L.					82 Street Address (P.O. Box Number is Not Acceptable)							
2311 SAMMONDS RD. PLANT CITY FL 33567												
					83							
					84	City	85 Zip Code					
				- 1		•				FL	.	
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1	508, Florida Statute	s, the at	ove	-named corporation	ration subr	nits this statement	for the p	urpose of	changing its	s registered eaistered
office or n agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ม คเอกตล. S ions of, Sec	tion 617.0503, Flori	da Statu	ites.	no wipolation	i a Dogiu U	anectors, incleto	, accept	appoi		-g
SIGNATURE									_/			<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent			<u> </u>	Agent	signature required			TO OFF	DATE AN	D DIDECTO	DDC IN 12
12.	OFFICERS AND	DIRECTO		13.		······	ADDI	FIONS/CHANGES	TO OFF	ICERS AN	Change	Addition
TTLE	PD.		DELETE	1, <b>1</b> TIT	LE						□ cusude	L_J Addition
NAME	CHAMBERS, JOHNNY L.			1.2 NA	ME	1						
STREET ADDRESS	2311 SAMMONDS RD.			1.3 ST	REET	ADDRESS					•	
CITY-ST-ZIP	PLANT CITY FL 33567			1.4 CIT	Y-ST-	-ZIP						
TITLE	SD		☐ DELETE	2.1 TIT	LΕ				-		Change	☐ Addition
NAME	EPPS, JOHN			2.2 NA	ME	Ì						
STREET ADDRESS	8613 16TH ST.			2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	TAMPA FL 33604			- 2.4 CI	TY-ST	-ZIP	- ~	٠	*			
TITLE	VD .		□ DELETE	3.1 TT	LE	ļ					Change	Addition
NAME	CHAMBERS, NATALIE			3.2 NA	ME							
STREET ADDRESS	2311 SAMMONDS RD.			3.3 ST	REET	ADDRESS			,			
CITY-ST-ZIP	PLANT CITY FL 33567			3.4. CI	TY-ST	-ZIP				<u> </u>		
TITLE			☐ DELETE	4.1 TIT	LE						Change	☐ Addition
NAME				4. 2 N	ME							
STREET ADDRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZIP				4.4 CIT	Y-ST	-ZIP						
TITLE			☐ DELETE	<b>5.1</b> गा	LE .				1 1		☐ Change	Addition
NAME				5.2 NA	ME				1			
STREET ADDRESS	·			5.3 ST	REET	ADDRESS						
CITY-ST-ZIP				5.4 CIT	Y-ST-	-ZIP		· ·				
TITLE			☐ DELETE	6.1 TIT	LE						☐ Change	☐ Addition
NAME				6.2 NA	ME					-		
STREET ADDRESS				6.3 ST	REET	ADDRESS						
CITY-ST-ZIP				6.4 CF	Y-ST	-ZIP						
On I STEAM	L		1	All a savas		A-A-A in Co		07/2\/i\ Elorida St	atutes I	further cou	rtify that the	information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatior indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11e Chambers 9-6

Daytime Phone #

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