# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2006**
**Secretary of State**

DOCUMENT# 731833

**Entity Name:** JOHNNY CHAMBERS REVIVALS, INC.

**Current Principal Place of Business:**

2311 SAMMONDS ROAD
PLANT CITY, FL 33567 US

**New Principal Place of Business:**

**Current Mailing Address:**

2311 SAMMONDS ROAD
PLANT CITY, FL 33567 US

**New Mailing Address:**

**FEI Number: 59-1581392** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHAMBERS, JOHNNY L.
2311 SAMMONDS RD.
PLANT CITY, FL 33567 US

**Name and Address of New Registered Agent:**

CHAMBERS, NATALIE A.
2311 SAMMONDS RD.
PLANT CITY, FL 33567 US

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: NATALIE A. CHAMBERS 04/28/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CHAMBERS, JOHNNY L.,
Address: 2311 SAMMONDS RD.
City-St-Zip: PLANT CITY, FL 33567

Title: SD ( ) Delete
Name: EPPS, JOHN,
Address: 8613 16TH ST.
City-St-Zip: TAMPA, FL 33604

Title: VD ( ) Delete
Name: CHAMBERS, NATALIE,
Address: 2311 SAMMONDS RD.
City-St-Zip: PLANT CITY, FL 33567

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition
Name: CHAMBERS, JOHNNY L.,
Address: 2311 SAMMONDS RD.
City-St-Zip: PLANT CITY, FL 33567

Title: VD (X) Change ( ) Addition
Name: EPPS, JOHN,
Address: 8613 16TH ST.
City-St-Zip: TAMPA, FL 33604

Title: PD (X) Change ( ) Addition
Name: CHAMBERS, NATALIE,
Address: 2311 SAMMONDS RD.
City-St-Zip: PLANT CITY, FL 33567

Title: VD ( ) Change (X) Addition
Name: HAMPTON, STACY S
Address: 2311 SAMMONDS RD
City-St-Zip: PLANT CITY, FL 33567

I hereby certify that the information supplied with this filing does not qualify for the 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: NATALIE A. CHAMBERS PD 04/28/2006
Electronic Signature of Signing Officer or Director Date