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Feb 23, 1999 8:00 am
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02-23-1999 90004 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732336

1. Corporation Name
REVIVAL U.S.A. FELLOWSHIP, INC.

Principal Place of Business
 P.O. BOX 110
 420 HIBSCUS STREET. # 103
 W. PALM BEACH FL 33402
 US

Mailing Address
 ATTN: WALTER E. EVANS JR., FOUNDER
 4600 DUKE ST.
 ALEXANDRIA VA 22304
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	P.O. Box 110	26	P.O. Box 110	04/02/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1737325	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
W. PALM BEACH, FLA.		W. PALM BEACH, FLA.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Country		
24	33402	29	U.S.A.		
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NIXON, CHARLES 810 1/2 14TH STREET WEST PALM BEACH FL 33402				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIXON, CHARLES			1.2 NAME			
STREET ADDRESS	810 1/2 14TH STREET., #1			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, MICHAEL S			2.2 NAME			
STREET ADDRESS	7990 AUDUBON AVE., #104			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALEX VA			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOTEN, ALICE			3.2 NAME			
STREET ADDRESS	2210 E. RANDOLPH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ALEXANDRA VA 22301			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOTEH, RUDOLPH			4.2 NAME			
STREET ADDRESS	3708 EDSION ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	ALEX VA			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 information 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: Walter E. Evans Jr. SIGNATURE REQUIRED: Walter E. Evans Jr., Founder 1-6-99
 Date: _____ Daytime Phone #: 703-823-5577

CR2E037 (11/98)