


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90063 038 \*\*\*\*70.00

<b>DOCUMENT # 732858</b>	
<b>1. Entity Name</b> <b>ACTION REVIVAL CENTER INC.</b>	

<b>Principal Place of Business</b> 134 WASHINGTON ST. LAKE PLACID FL 33852 US	<b>Mailing Address</b> P.O. BOX 1425 LAKE PLACID FL 33852 US
--	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-1984628	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CALLAHAN, JR., REV. MAJOR 112 PARK STREET LAKE PLACID FL 33852	
<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	--

<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> VPD <b>NAME</b> CALLAHAN, MILDRED <b>STREET ADDRESS</b> 112 PARK STREET <b>CITY-ST-ZIP</b> LAKE PLACID FL	<input type="checkbox"/> Delete	<b>TITLE</b> T D <b>NAME</b> GREG SIMMON <b>STREET ADDRESS</b> MORNING STAR <b>CITY-ST-ZIP</b> LAKE PLACID FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> BALENTINA, PATRICA <b>STREET ADDRESS</b> 121 FRANKLIN ST <b>CITY-ST-ZIP</b> SEBRING FL	<input type="checkbox"/> Delete	<b>TITLE</b> V T <b>NAME</b> DONALD JORDAN <b>STREET ADDRESS</b> 14th ST. <b>CITY-ST-ZIP</b> SEBRING FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> CALLAHAN, MILDRED <b>STREET ADDRESS</b> 112 PARK STREET <b>CITY-ST-ZIP</b> LAKE PLACID FL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> CALLAHAN, MAJOR REV <b>STREET ADDRESS</b> 112 PARK ST <b>CITY-ST-ZIP</b> LAKE PLACID FL 33852	<input type="checkbox"/> Delete	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Rev. Major Callahan* **2-16-04** **(813-465-6840)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #