

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90103 042 \*\*\*\*70.00

**DOCUMENT # 732858**

1. Entity Name

**ACTION REVIVAL CENTER INC.**



Principal Place of Business

134 WASHINGTON ST.  
LAKE PLACID FL 33852  
US

Mailing Address

P.O. BOX 1425  
LAKE PLACID FL 33852  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1984628**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

**CALLAHAN, MAJOR JR, REV**  
**112 PARK STREET**  
**LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**-FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VPD  
NAME: CALLAHAN, MILDRED  
STREET ADDRESS: 112 PARK STREET  
CITY-STATE-ZIP: LAKE PLACID FL ☐ Delete

TITLE: SD  
NAME: BALENTINA, PATRICA  
STREET ADDRESS: 121 FRANKLIN ST  
CITY-STATE-ZIP: SEBRING FL ☐ Delete

TITLE: TD  
NAME: CALLAHAN, GREG S  
STREET ADDRESS: 120 MORNING STAR  
CITY-STATE-ZIP: LAKE PLACID FL ☐ Delete

TITLE: PD  
NAME: CALLAHAN, MAJOR REV  
STREET ADDRESS: 112 PARK ST  
CITY-STATE-ZIP: LAKE PLACID FL 33852 ☐ Delete

TITLE: VT  
NAME: JORDAN, DONALD  
STREET ADDRESS: WHITING ST.  
CITY-STATE-ZIP: AVON PARK FL ☐ Delete

TITLE: DM  
NAME: PORTAS, ERNEST  
STREET ADDRESS: 109 WASHINGTON ST  
CITY-STATE-ZIP: LAKE PLACID FL 33852 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SD  
NAME: MEKESHA MADISON  
STREET ADDRESS: 167 BETHUNE ST  
CITY-STATE-ZIP: LAKE PLACID FL 33852 ☐ Change ☒ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Major Callahan* *MAJOR Callahan*

1-27-07 - 863-4412829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #