

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

**FILED**  
**Jun 15, 2004 8:00 am**  
**Secretary of State**

06-15-2004 90001 036 \*\*\*\*70.00

**DOCUMENT # 739642**

1. Entity Name

THE COMMUNITY REVIVAL CENTER, INC.



Principal Place of Business

228 N. PATTERSON ST.  
LAKE CITY FL 32055

Mailing Address

228 N. PATTERSON ST.  
LAKE CITY FL 32055

04057415

2. Principal Place of Business

244 N.E. [REDACTED]  
PATTERSON ST.

3. Mailing Address

761 N.E. DR.  
Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY FL

Zip

32055

Country

U.S.A.

Zip

32055

Country

U.S.A.

4. FEI Number

59-2950583

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, CLYDE  
228 N. PATTERSON STREET  
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

CLYDE DOUGLAS

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

761 N.E. LAKE DR.

LAKE CITY

City

FL

Zip Code

32055

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 Clyde Douglas Pastor, President, THE Community Revival Center Inc.  
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 September 8, 2004**

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	MD	<input type="checkbox"/> Delete
NAME	DOUGLAS, CORY M	
STREET ADDRESS	761 NE LAKE DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DOUGLAS, HESTER FAYE	
STREET ADDRESS	761 NE LAKE DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOUGLAS, CLYDE	
STREET ADDRESS	761 NE LAKE DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	MD	<input type="checkbox"/> Delete
NAME	THOMAS, YVONNE	
STREET ADDRESS	RT. 10 BOX 180-R	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	DOUGLAS, FREDERIC T	
STREET ADDRESS	761 NE LAKE DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Clyde Douglas CLYDE DOUGLAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-04  
Date

386-344-4425  
Daytime Phone #