

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739642

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE COMMUNITY REVIVAL CENTER, INC.

Current Principal Place of Business:

244 N.E. PATTERSON AVE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2711
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2950583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, CLYDE SR.
244 N.E. PATTERSON AVENUE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TILLMAN, LAVERNE
Address: 143 DREAMSCAPE COURT
City-St-Zip: LAKE CITY, FL 32024

Title: VP () Delete
Name: HOWELL SR., CHARLES, W
Address: 302 N.W. GERSON LANE LOT #11
City-St-Zip: LAKE CITY, FL 32055

Title: P () Delete
Name: DOUGLAS SR., CLYDE,
Address: 244 N.E. PATTERSON AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: THOMAS, YVONNE
Address: RT. 10 BOX 180-R
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: ROWE, SARAH
Address: 244 N.E. PATTERSON AVENUE #1
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: TISBY, VIOLA
Address: 907 ABERDEEN STREET
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CLYDE DOUGLAS SR

DIR

03/19/2009

Electronic Signature of Signing Officer or Director

Date