2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90034 011 ****71.00

DOCUMENT # 741434

1. Entity Name

FAITH HEALING REVIVAL CENTER INC.

Principal Place of Business	Mailing Address
2008 N E 899 ST OLD TOWN FL 32680 US	2008 N E 899 ST OLD TOWN FL 32680 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
FAITH HEALING REVIVAL CENTER Suite, Apt. #, etc. 2008 NE 899 ST	2008 NE 899 ST Suite, Apt. #, etc.
City & State OLD-TOWN FL	City & State OLD-TOWN FL
Zip 32680 Country DIXIE	Zip 32680 Country DIXIE

4. FEI Number 59-1855977 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCALLISTER, ROBERT J 2008 NE 899 ST OLD TOWN FL 32680	Name: Theresa V. Carpenter Street Address (P.O. Box Number is Not Acceptable): 2008 N.E 899 St City: OLD-TOWN FL Zip Code: 32680

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: Theresa V. Carpenter Jan 24, 2008
Signature, typed or printed name of registered agent and the date signed. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARPENTER, THERESA V 2008 N E 899 ST OLD TOWN FL 32680	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT THERESA V. CARPENTER 2008 NE 899 ST OLD-TOWN FL 32680	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GROOMS, DENNIS E 1320 SWILLEY RD PLANT CITY FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE DENNIS GROOMS 1320 SWILLEY RD PLANT CITY FL 33567	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GROOMS, THERESA L 1320 SWILLEY RD PLANT CITY FL 33567	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY THERESA L GROOMS 1320 SWILLEY RD PLANT CITY FL 33567	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUSH, EDNA 401 NW 98 TERRACE GAINESVILLE FL 32691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE EDNA RUSH 401 NW 98 TERRACE GAINESVILLE FL 32691	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCALLISTER, ROBERT JEROME 2008 NE 899 ST OLD TOWN FL 32680	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ROBERT J. MCALLISTER 2008 NE 899 ST OLD-TOWN FL 32680	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCALLISTER, JESSI 2008 NE 899 ST OLD TOWN FL 32680	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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: Theresa V. Carpenter THERESA V. CARPENTER 1-31-08