

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741434

FILED
Jan 07, 2011
Secretary of State

Entity Name: FAITH HEALING REVIVAL CENTER INC.

Current Principal Place of Business:

FAITH HEALING REVIVAL
2008 NE 899 ST
OLD TOWN, FL 32680 US

New Principal Place of Business:

FAITH HEALING REVIVAL CENTER INC.
2008 NE 899 ST
OLD TOWN, FL 32680 US

Current Mailing Address:

2008 N E 899 ST
OLD TOWN, FL 32680 US

New Mailing Address:

FEI Number: 59-1855977 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCALLISTER, ROBERT J
2008 NE 899 ST
OLD TOWN, FL 32680 US

Name and Address of New Registered Agent:

CARPENTER, THERESA V
2008 NE 899 ST
OLD TOWN, FL 32680 US

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: THERESA V. CARPENTER

01/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CARPENTER, THERESA V
Address: 2008 N E 899 ST
City-St-Zip: OLD TOWN, FL 32680 US

Title: SEC
Name: CARPENTER, JULIAN
Address: 2008 N.E. 899 ST.
City-St-Zip: OLD TOWN, FL 32680 US

Title: D
Name: GROOMS, THERESA L
Address: 1320 SWILLEY RD
City-St-Zip: PLANT CITY, FL 33567 US

Title: D
Name: MCALLISTER, ROBERT J
Address: 301 N.E. 516 AVE.
City-St-Zip: OLD TOWN, FL 32680

I hereby 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 all other like empowered.

SIGNATURE: THERESA V. CARPENTER

PRES

01/07/2011

Electronic Signature of Signing Officer or Director

Date