

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742590

FILED
Feb 13, 2009
Secretary of State

Entity Name: PENTECOSTAL REVIVAL ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1100 STATE ROAD 19 SOUTH
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

115 HARRELL LANE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-2423858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRELL, DOLLY MAE
115 HARRELL LANE
PALATKA, FL 32177 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: PD () Delete
Name: HARRELL, DOLLY MAE,
Address: 115 HARRELL LANE
City-St-Zip: PALATKA, FL 32177

Title: VD () Delete
Name: HARRELL, JAMES LEWIS, JR.
Address: 1100-C STATE ROAD 19 SOUTH
City-St-Zip: PALATKA, FL 32177

Title: ST (X) Delete
Name: SHIFLETT, ELLA PARRI, SH
Address: 310 W PENIEL ROAD
City-St-Zip: PALATKA, FL 32177

Title: VD () Delete
Name: HARRELL, JAMES LEWIS III
Address: 8161 COLEE COVE RD
City-St-Zip: SAINT AUGUSTINE, FL 32092

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:

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: JAMES L. HARRELL, JR.

VD

02/13/2009

Electronic Signature of Signing Officer or Director

Date