


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90045 042 ****61.25

DOCUMENT # 749833	
1. Entity Name PENTECOSTAL REVIVAL CENTER, INCORPORATED	

Principal Place of Business 3204 HWY 301 ELLENTON, FL 34222	Mailing Address 3204 HWY 301 ELLENTON, FL 34222
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07092005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2004830	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROBINSON, D. R. 1114 5TH STREET PALMETTO, FL 33561	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, RUTH D 1114 5TH STREET PALMETTO, FL 00000, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEGEORGE, LYDIA 1535 1ST AVE W BRADENTON, FL 00000, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, E A 1214 22ND AVE W PALMETTO, FL 00000, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD LONHAM, M. WANDA 7032-108TH AVENUE EAST PARRISH, FL 34219, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTD WYMAN, SARAH 2716-81ST AVENUE EAST ELLENTON, FL 34222, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD LANHAM, M. WANDA 7032-108TH AVE. EAST PARRISH, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(last name was misspelled)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DR Robinson 7/24/05 722 2512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #