

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90077 026 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2004830

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

**ROBINSON, D. R.
1114 5TH STREET
PALMETTO, FL 33561**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
DP ROBINSON, RUTH D ☐ Delete
STREET ADDRESS
1114 5TH STREET
CITY-ST-ZIP
PALMETTO, FL 00000,

TITLE / NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME
STD DEGEORGE, LYDIA ☐ Delete
STREET ADDRESS
1535 1ST AVE W
CITY-ST-ZIP
BRADENTON, FL 00000,

TITLE / NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME
D GRIFFIN, E A ☒ Delete
STREET ADDRESS
1214 22ND AVE W
CITY-ST-ZIP
PALMETTO, FL 00000,

TITLE / NAME
D Robinson, D. N ☐ Change ☒ Addition
STREET ADDRESS
1114 5th St. W.
CITY-ST-ZIP
Palmetto, FL 34221

TITLE / NAME
RSD LANHAM, M. WANDA ☐ Delete
STREET ADDRESS
7032-108TH AVENUE EAST
CITY-ST-ZIP
PARRISH, FL 34219

TITLE / NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME
OTD WYMAN, SARAH ☐ Delete
STREET ADDRESS
2716-81ST AVENUE EAST
CITY-ST-ZIP
ELLENTON, FL 34222

TITLE / NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ruth D Robinson Ruth D. Robinson 4/19/06 (941) 721-9783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #