

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



04152007 No Chg-NP

CR2E037 (4/06)

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ROBINSON, RUTH D  
1114 5TH STREET  
PALMETTO, FL 00000,**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROBINSON, D.N  
1114 ST WEST  
PALMETTO, FL 34221+**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_**

**DO NOT WRITE  
IN THIS SPACE**

U000000715539  
04/27/07-80069-016 61.25

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/07 (941) 721 9783**

Date Daytime Phone #