

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 08:00 AM
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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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

TITLE D ☐ Delete
NAME ROBINSON, D.N
STREET ADDRESS 1114 ST WEST
CITY-ST-ZIP PALMETTO FL 34-221 +

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME U000000937815
STREET ADDRESS 05/27/08-80063-025 61.25
CITY-ST-ZIP

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

D. R. Robinson

2/20/08

941-7262049
941-7219783