

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749833

FILED
Apr 12, 2009
Secretary of State

Entity Name: PENTECOSTAL REVIVAL CENTER, INCORPORATED

Current Principal Place of Business:

3204 HWY 301
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

3204 HWY 301
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 59-2004830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROBINSON, RUTH D
1114 5TH STREET
PALMETTO, FL 34221 US

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: RUTH D ROBINSON

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBINSON, RUTH D
Address: 1114 5TH STREET
City-St-Zip: PALMETTO, FL 00000,

Title: STD () Delete
Name: DEGEORGE, LYDIA
Address: 1535 1ST AVE W
City-St-Zip: BRADENTON, FL 00000,

Title: D () Delete
Name: ROBINSON, D.N
Address: 1114 ST WEST
City-St-Zip: PALMETTO, FL 34221+

Title: RSD () Delete
Name: LANHAM, M. WANDA
Address: 7032-108TH AVENUE EAST
City-St-Zip: PARRISH, FL 34219

Title: OTD () Delete
Name: WYMAN, SARAH
Address: 2716-81ST AVENUE EAST
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROBINSON, RUTH D
Address: 1114 5TH STREET
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBINSON, D.N
Address: 1114 ST WEST
City-St-Zip: PALMETTO, FL 34221

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: RUTH D ROBINSON

DP

04/12/2009

Electronic Signature of Signing Officer or Director

Date