

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749833

**FILED**  
**Apr 18, 2010**  
**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 (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: ROBINSON, DAVID N  
Address: 1114 5TH ST WEST  
City-St-Zip: PALMETTO, FL 34221

Title: RSD  
Name: ROBINSON, EDWARD G  
Address: 1114 5TH ST W  
City-St-Zip: PALMETTO, FL 34221

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

I hereby 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 all other like empowered.

SIGNATURE: RUTH ROBINSON

DP

04/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date