2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756166

FILED Mar 04, 2009 Secretary of State

Entity Name: THE PENTECOSTAL REVIVAL CHURCH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3107 COR TAMPA, F	DELIA STREE L 33607	ΞT			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3107 COR TAMPA, F	RDELIA STREE L 33607	ΞT			
FEI Number	: 59-2064196	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
TAMPA, F	RDELIA STREE L 33607 U	S	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
		nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (RIOS, EMILIO, 3107 CORDEL TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RIOS, ISABEL, 3107 CORDEL TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (RODRIGUEZ, 3 3719 ARGON I TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RIOS, ELIZABI 3107 CORDEL TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GARCIA, OBDI 609 21ST AVE RUSKIN, FL 3	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GARCIA, HECT 609 21ST AVE RUSKIN, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: EMILIO RIOS P 03/04/2009