

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 17, 2004  
Secretary of State**

DOCUMENT# F01000005758

Entity Name: RIVER OF REVIVAL MINISTRIES, INC.

**Current Principal Place of Business:**

1040 E. MCCANSE ST.  
SPRINGFIELD, MO 65803

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 36355  
PENSACOLA, FL 32516

**New Mailing Address:**

FEI Number: 81-0518343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARTIN, LARRY  
8202 KAUSE ROAD  
PENSACOLA, FL 32506      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: PCD      ( ) Delete  
Name: MARTIN, LARRY  
Address: 8202 KAUSE ROAD  
City-St-Zip: PENSACOLA, FL

Title: VD      ( ) Delete  
Name: MONTGOMERY, DAVID  
Address: ROUTE 2 BOX 2-2  
City-St-Zip: COMANCHE, OK

Title: STD      ( ) Delete  
Name: MARTIN, TAJUANA  
Address: 8202 KAUSE ROAD  
City-St-Zip: PENSACOLA, FL

Title: D      ( ) Delete  
Name: HARKINS, WARREN  
Address: RT 2 BOX 2  
City-St-Zip: COMANCHE, OK

Title: D      ( ) Delete  
Name: BOWMAN, CHARLES  
Address: BUNOANT LIFE TABERNACLE  
City-St-Zip: HARDEEVILLE, SC 29927

Title: D      ( ) Delete  
Name: NEAL, WAYNE  
Address: 221 LUNDH BLVD  
City-St-Zip: MARSHFIELD, MO 65706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D      (X) Change ( ) Addition  
Name: MARTIN, LARRY  
Address: 804 WEST NABOR  
City-St-Zip: MARLOW, OK 73055

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY MARTIN

PRES

02/17/2004

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

\_\_\_\_\_  
Date