2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
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: MARTIN, LARRY
Address: 804 WEST NABOR
City-St-Zip: MARLOW, OK 73055

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: ( ) 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 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 PCD 04/28/2005

Electronic Signature of Signing Officer or Director Date