


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90132 031 ****61.25

0087814

DOCUMENT # F01000005758
1. Entity Name
RIVER OF REVIVAL MINISTRIES, INC.



Principal Place of Business Mailing Address
**1040 E. MCCANSE ST.
SPRINGFIELD MO 65803** **1040 E. MCCANSE ST.
SPRINGFIELD MO 65803**

70138669



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 36355

City & State City & State
Pensacola FL

4. FEI Number **81-0518343** Applied For
Not Applicable

Zip Country Zip Country
32516 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MARTIN, LARRY
8202 KAUSE ROAD
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MARTIN, LARRY 8202 KAUSE ROAD PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTGOMERY, DAVID ROUTE 2 BOX 2-2 COMANCHE OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, TAJUANA 8202 KAUSE ROAD PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKINS, WARREN RT 2 BOX 2 COMANCHE OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, CHARLES BUNOANT LIFE TABERNACLE HARDEEVILLE SC 29927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, WAYNE 221 LUNDH BLVD MARSHFIELD MO 65706	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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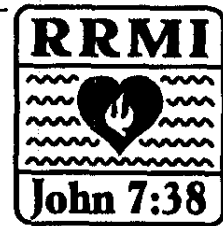
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **6/2/03** **850-457-7057**

CR2E037 (10/02)

~~Attachment~~
~~# F 01000005758~~

90138669



June 2, 2003

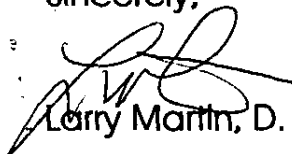
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

I apologize for the tardiness of this filing. The agent in Missouri does not always forward mail to me in a timely manner. I have changed the mailing address to make sure this does not happen again.

Thank you.

Sincerely,


Larry Martin, D. Min

River of Revival Ministries, Inc.

P.O. Box 36355 - Pensacola, FL 32516

Telephone - 850.457.7057 - Fax 850.458.9339

www.rmi.org - email: riverofrevival@sofnet.com

He that believeth
on me, as the
scripture hath
said, out of his
belly shall flow
rivers of living
water. John 7:38