2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004874

Entity Name: THE LOUISVILLE REVIVAL CENTERS INC.

FILED Jaņ 05, 2<u>00</u>8 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4601 NW 167TH ST 4601 NW 167TH ST

MIAMI GARDENS, FL 33055 US OFF#2

MIAMI, FL 33055

New Mailing Address: **Current Mailing Address:**

4601 NW 167TH ST 4601 NW 167TH ST

MIAMI GARDENS, FL 33055 OFF#2 US MIAMI, FL 33055 US

FEI Number: 61-1057752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PARRETT, FLORA PARRETT, FLORA 4601 NW 167TH STREET 4601 NW 167TH ST OFF #2

MIAMI, FL 33055 US MIAMI GARDENS, FL 33055

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: 01/05/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDS (X) Change () Addition () Delete PARRETT, FLORA PARRETT, FLORA J Name: Name:

4601 NW 167TH ST OFF #2 Address: 4601 NW 167TH STREET Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: Title: (X) Change () Addition () Delete PARRETT JR., DWIGHT S II Name: PARRETT JR., DWIGHT S II Name: Address: 4601 NW 167TH STREET Address: 4601 NW 167TH STREET

City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: AST () Delete Title: AST (X) Change () Addition

WILLIAMS, MAEDEAN Name: WILLIAMS, MAEDEAN Name: 4601 NW 167TH STREET Address: Address: **4601 NW 167TH STREET** City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: () Delete Title: (X) Change () Addition

Name: WATKINS, MARIEA DR. Name: WATKINS, MARIEA E REV. Address: **4601 NW 167TH STREET** Address: 4601 NW 167TH STREET City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI GARDENS, FL 33055 US

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: REV. MARIEA E. WATKINS D 01/05/2008