

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004874

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE LOUISVILLE REVIVAL CENTERS INC.

Current Principal Place of Business:

4601 NW 167TH ST
MIAMI GARDENS, FL 33055 US

New Principal Place of Business:

Current Mailing Address:

4601 NW 167TH ST
MIAMI GARDENS, FL 33055 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

PARRETT, FLORA
4601 NW 167TH STREET
MIAMI GARDENS, FL 33055 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: PDS () Delete
Name: PARRETT, FLORA J
Address: 4601 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: VPD () Delete
Name: PARRETT JR., DWIGHT S II
Address: 4601 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: AST () Delete
Name: WILLIAMS, MAEDEAN
Address: 4601 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: D () Delete
Name: WATKINS, MARIEA E REV.
Address: 4601 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: PARRETT, JR., DWIGHT S II
Address: 4601 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055 US

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 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: FLORA J. PARRETT

PDS

01/28/2009

Electronic Signature of Signing Officer or Director

Date