2000 UNIFORM BUSINESS REPORT (UBR)

8/28/00-90036-007-$61.25-$61.25
* 9/6/00-90134-047-$61.25-$61.25

DOCUMENT # F98000006297

1. Entity Name

REVIVAL NOW MINISTRIES, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -2 AM 9:58

Principal Place of Business	Mailing Address
P.O. BOX 6639 VERO BEACH FL 32961	P.O. BOX 6639 VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-4718033-T3 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRUSE, TERRY 1806 19TH AVE VERO BEACH FL 32960	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	KRUSE, TERRY	NAME	
STREET ADDRESS	1806 19TH AVE	STREET ADDRESS	4305 62nd Ct.
CITY-ST-ZIP	VERO BEACH FL 32960	CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	V ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	KRUSE, DONNA	NAME	
STREET ADDRESS	1806 19TH AVE	STREET ADDRESS	4305 62nd Ct.
CITY-ST-ZIP	VERO BEACH FL 32960	CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STOLBERY, MARIAN	NAME	
STREET ADDRESS	1842 BOULDER PT.	STREET ADDRESS	
CITY-ST-ZIP	SHAKOPEE MN 55379	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STOLBERY, TIM	NAME	
STREET ADDRESS	1842 BOULDER PT.	STREET ADDRESS	
CITY-ST-ZIP	SHAKOPEE MN 55379	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (5/00)

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 — 8/1/00 — (561) 794-3935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #