

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006297

1. Entity Name

REVIVAL NOW MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 6639
VERO BEACH FL 32961

P.O. BOX 6639
VERO BEACH FL 32961

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

41-1803313

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
4305 62ND CT
VERO BEACH FL 32967

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

2/5/02

FILE NOW: FEE IS \$61.25

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
NAME KRUSE, TERRY
STREET ADDRESS 4305 62ND CT
CITY-ST-ZIP VERO BEACH FL 32967

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME KRUSE, DONNA
STREET ADDRESS 4305 62ND CT
CITY-ST-ZIP VERO BEACH FL 32967

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME STOLBERG, MARIAN
STREET ADDRESS 1842 BOULDER PT.
CITY-ST-ZIP SHAKOPEE MN 55379

TITLE ☒ Change ☐ Addition
NAME Stolberg, Marian
STREET ADDRESS 4325 62nd Ct
CITY-ST-ZIP Vero Beach, FL 32967

TITLE T ☐ Delete
NAME STOLBERG, TIM
STREET ADDRESS 1842 BOULDER PT.
CITY-ST-ZIP SHAKOPEE MN 55379

TITLE ☒ Change ☐ Addition
NAME Stolberg, Tim
STREET ADDRESS 4325 62nd Ct
CITY-ST-ZIP Vero Beach, FL 32967

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DONNA KRUSE

2/5/02 (561)978-0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

00150

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90041 041 *****61.25

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DO NOT WRITE IN THIS SPACE