


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

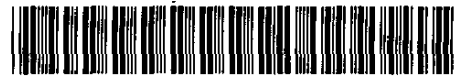
05-03-2004 90431 012 \*\*\*\*61.25

**DOCUMENT # N00000003912**  
1. Entity Name  
**REVIVAL MINISTRIES, INC.**



Principal Place of Business: **947 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703**  
Mailing Address: **930 SCHOPKE LESTER RD. APOPKA FL 32712**

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**PLATT, ETHEL L  
930 SCHOPKE LESTER RD.  
APOPKA FL 32712**

4. FEI Number: **59-3669137**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

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: *Ethel L. Platt* DATE: **4-29-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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	M	<input type="checkbox"/> Delete
NAME	PLATT, ETHEL L	
STREET ADDRESS	930 SCKOPKE LESTER RD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TURNER, MISTY	
STREET ADDRESS	3610 TERRINA CT.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, EDWARD	
STREET ADDRESS	315 E. 13TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATT, JAMES S	
STREET ADDRESS	930 SCHOPKE LESTER RD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, PATRICK	
STREET ADDRESS	3610 TERRUNA CT.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JACQUELINE	
STREET ADDRESS	3150 E. 13TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ethel L. Platt* DATE: **4-29-04** DAYTIME PHONE #: **407-880-5779**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR