


**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      Mailing Address

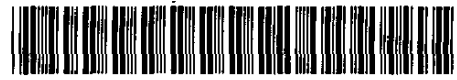
**947 SOUTH ORANGE BLOSSOM TRAIL  
APOPKA FL 32703**      **930 SCHOPKE LESTER RD.  
APOPKA FL 32712**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For

**59-3669137**      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

**PLATT, ETHEL L  
930 SCHOPKE LESTER RD.  
APOPKA FL 32712**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>M</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLATT, ETHEL L</b>		NAME		
STREET ADDRESS	<b>930 SCKOPKE LESTER RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>APOPKA FL 32712</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, MISTY</b>		NAME		
STREET ADDRESS	<b>3610 TERRINA CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, EDWARD</b>		NAME		
STREET ADDRESS	<b>315 E. 13TH ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>APOPKA FL 32703</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLATT, JAMES S</b>		NAME		
STREET ADDRESS	<b>930 SCHOPKE LESTER RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>APOPKA FL 32712</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, PATRICK</b>		NAME		
STREET ADDRESS	<b>3610 TERRUNA CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, JACQUELINE</b>		NAME		
STREET ADDRESS	<b>3150 E. 13TH ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>APOPKA FL 32703</b>		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