2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

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DOCUMENT # N0000003912 1. Entity Name REVIVAL MINISTRIES, INC.				1	Secretary of State 04-29-2005 90221 039 ****61.25				
Principal Place of Business 947 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703 Mailing Address 930 SCHOPKE LESTER RD. APOPKA, FL 32712					_	40078 		MH IN HIN	
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Suite, Apt. #, etc. Suite, Apt. #, etc.					hg-NP	CR2E0:	37 (10/03)		
APAP K	ca, Fla	City & State Apopk	A, FlA	4. FEI Number 59-366913	37		No	plied For ot Applicable	
3270	3 USA	32703	Country U.S.A	5. Certificate of St			\$8.75 Add Fee Require	ditional	
ļ. 	6. Name and Address of Current	registered Agent	Name	7. Name and Add	ress or New	Registered /	Agent		
PLATT, ETHEL L 930 SCHOPKE LESTER RD. APOPKA, FL 32712				Street Address (P.O. Box Number is Not Acceptable)					
	· · ·		City	<u>.</u>			T	_	
The above named entity submits this statement for the purpose of changing its registered					· · · · ·	FL	Zip Code		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its regi	istered office or regis	stered agent, or both, in	the State of F	lorida. I am	familiar with,	and accept	
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SIGNATURE .	Ethel L.	Platt 6	thel	<u>d.</u> G	latt		- 25-	-05	
SIGNATURE .	Signiture, typed or printed name of registered agent	JIA++ 6 and site if applicable. (NOTE: Reg	Like L pistered Agent signature requ	Julead when reinstating)	latt	DATE	- 25-	-05	
SIGNATURE .	Scrieture, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campair Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees		DATE Make check	k payable treent of Si	0	
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12. Thereby 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.

CITY-ST-ZIP

APOPKA, FL 32703

SIGNATURE: Ethel L. Platt Ethel J. Platt 4-25-05 407-880-577