


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90221 039 ****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**

14007862



2. Principal Place of Business
58 East Main Street
 Suite, Apt. #, etc.

3. Mailing Address
58 East Main Street
 Suite, Apt. #, etc.

03162005 Chg-NP CR2E037 (10/03)

City & State
Apopka, Fla

City & State
Apopka, Fla

Zip
32703 Country
USA

Zip
32703 Country
USA

4. FEI Number
59-3669137

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 Ethel L. Platt 4-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

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 Ethel L. Platt 4-25-05 407-880-5779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #