


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90055 002 ****61.25

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



Principal Place of Business Mailing Address
58 EAST MAIN STREET **930 SCHOPKE LESTER RD**
APOPKA FL 32703 **APOPKA FL 32712**



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

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 - Dir. Manager **4-23-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 | 4753 DANDELION DR | |
| CITY - ST - ZIP | ORLANDO FL 32818 | |
| 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 | 4753 DANDELION DR | |
| CITY - ST - ZIP | ORLANDO FL 32818 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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 | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Turner, Misty | |
| STREET ADDRESS | 6363 Prekness Dr. | |
| CITY - ST - ZIP | Orlando, Fla. 32818 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Turner, Patrick | |
| STREET ADDRESS | 6363 Prekness Dr. | |
| CITY - ST - ZIP | Orlando, Fla. 32818 | |
| 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 exemptions contained in Section 119, 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 **4-23-07** **407-880-5779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #