


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90201 034 ****70.50

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1. Entity Name
 REVIVAL MINISTRIES, INC.



Principal Place of Business
 58 EAST MAIN STREET
 APOPKA, FL 32703

Mailing Address
 930 SCHOPKE LESTER RD
 APOPKA, FL 32712

60035091



2. Principal Place of Business - No P.O. Box #
 930 Schopke Lester Rd

3. Mailing Address
 Suite, Apt. #, etc.

04152008 Chg-NP CR2E037 (12/06)

City & State
 Apopka Florida

City & State

Zip
 32712

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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	6363 PREAKNESS 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	6363 PREAKNESS 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Turner, Misty	
STREET ADDRESS	1843 Paige Leigh Circle Apt # 1610	
CITY-ST-ZIP	Apopka, FLA. 32703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Turner, Patrick	
STREET ADDRESS	1843 Paige Leigh Circle Apt # 1610	
CITY-ST-ZIP	Apopka, FLA. 32703	
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 Chapter 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 Ethel L. Platt 4-28-08 407-880-5779
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #