

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003912

FILED
Apr 30, 2011
Secretary of State

Entity Name: REVIVAL MINISTRIES, INC.

Current Principal Place of Business:

930 SCHOPKE LESTER RD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

930 SCHOPKE LESTER RD
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3669137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: PLATT, ETHEL L
Address: 930 SCHOPKE LESTER RD.
City-St-Zip: APOPKA, FL 32712

Title: ST
Name: HAMMOCK, MISTY
Address: 1237 INDEPENDENCE ROAD
City-St-Zip: APOPKA, FL 32703

Title: D
Name: PLATT, JAMES S
Address: 930 SCHOPKE LESTER RD.
City-St-Zip: APOPKA, FL 32712

Title: D
Name: TURNER, PATRICK
Address: 5565 CYNDER LANE PARKWAY #191
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: PLATT, CHRISTOPHER
Address: 1843 PAIGE LEIGH CIRCLE APT #1610
City-St-Zip: APOPKA, FL 32703

Title: D
Name: CHERRY, CARLENE
Address: 930 SCHOPKE ROAD
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ETHEL L. PLATT

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date