2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006916

Entity Name: REVIVAL & RESTORATION MINISTRIES, INC.

Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1500 HERNDON AVE ENTERPRISE, FL 33725

Current Mailing Address: New Mailing Address:

1052 MONTGOMERY ROAD STE 151 1500 HERNDON AVE ALTAMONTE SPRINGS, FL 32714 ENTERPRISE, FL 32725

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROGERS, STEPHEN 1052 MONTGOMERY RD STE 151 ALTAMONTE SPRINGS, FL 32714 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

OFFICERS AND DIRECTORS:

DP () Delete

ROGERS, STEPHEN ROGERS, STEPHEN Name: Name: 1052 MONTGOMERY ROAD STE 151 Address: 1500 HERNDON AVE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ENTERPRISE, FL 32725

Title: () Delete Title: (X) Change () Addition

Name: CUPELES, YVETTE Name: CUPELES, YVETTE Address: 1052 MONTGOMERY ROAD STE 151 Address: 1500 HERNDON AVE City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ENTERPRISE, FL 32725

Title: () Delete Title: (X) Change () Addition

CUPELES, EVELYN Name: CUPELES, EVELYN Name: 1052 MONTGOMERY ROAD STE 151 Address: Address: 1500 HERNDON AVE City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ENTERPRISE, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN ROGERS DP 04/30/2004