

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90083 004 ****70.00

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1. Entity Name

EVANGILISTIC REVIVAL MINISTRY, INC.



Principal Place of Business

950 6TH STREET WEST
PALMETTO FL 34221

Mailing Address

PO BOX 726
PALMETTO FL 34220-0726

30021547

2. Principal Place of Business

707 59TH Ter, East

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Bradenton, FLA

City & State

Zip

Country

4. FEI Number

65-0934358

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JACKIE L SR.
707 59TH TERRACE EAST
BRADENTON FL 34203

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

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, 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

TITLE D ☐ Delete
NAME DAVIS, JACKIE L SR.
STREET ADDRESS 707 59TH TERRACE E.
CITY-ST-ZIP BRADENTON FL 34203

TITLE D ☐ Delete
NAME DAVIS, LEATHEL S
STREET ADDRESS 707 59TH TERRACE E
CITY-ST-ZIP BRADENTON FL 34203

TITLE D ☐ Delete
NAME MILLER, THALISA L
STREET ADDRESS 1565 21ST ST E APT H60
CITY-ST-ZIP BRADENTON FL 34208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Jackie L Davis Sr. 2/11/05 (941) 732-3410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #