

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

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000005633

1. Entity Name

REVELATION OF JESUS CHRIST INCORPORATED



Principal Place of Business

525 W BROWN LEE RD  
STARKE FL 32091

Mailing Address

525 W BROWN LEE RD  
STARKE FL 32091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

82-0560616

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINCHEW, LEON L JR  
525 W BROWN LEE RD  
STARKE FL 32091

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

*Leon L. Minchew*

Signature, typed or printed name of registered agent and title if applicable

*Leon L. Minchew*

(NOTE: Registered Agent signature required when reinstating)

4-15-05

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           | P                      | <input type="checkbox"/> Delete |
| NAME            | MINCHEW, LEON L        |                                 |
| STREET ADDRESS  | 19444 N.W. 50TH AVENUE |                                 |
| CITY - ST - ZIP | STARKE FL 32091        |                                 |
| TITLE           | D                      | <input type="checkbox"/> Delete |
| NAME            | MINCHEW, BETTY F       |                                 |
| STREET ADDRESS  | 525 W BROWN LEE RD     |                                 |
| CITY - ST - ZIP | STARKE FL 32091        |                                 |
| TITLE           | D                      | <input type="checkbox"/> Delete |
| NAME            | MCKINNEY, KIMBERLY SUE |                                 |
| STREET ADDRESS  | RT 2 BOX 1570          |                                 |
| CITY - ST - ZIP | STARKE FL 32091        |                                 |
| TITLE           | D                      | <input type="checkbox"/> Delete |
| NAME            | THORNTON, JANET        |                                 |
| STREET ADDRESS  | 3978 NW 178 LOOP       |                                 |
| CITY - ST - ZIP | STARKE FL 32091        |                                 |
| 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           | <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 |                                                                   |
| 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 |                                                                   |

000000318746

04/20/05-80071-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Leon L. Minchew (P)* *Leon L. Minchew* 4-15-05 964-3188 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #