

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007248

FILED
Apr 29, 2009
Secretary of State

Entity Name: REVIVING THIS GENERATION OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

2396 S W 140TH PLACE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

PO BOX 940545
MIAMI, FL 33194

New Mailing Address:

FEI Number: 03-0402624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, MICHAEL
2396 S W 140TH PLACE
MIAMI, FL 33175 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 () Delete
Name: RIVERA, MICHAEL
Address: 2396 S W 140TH PLACE
City-St-Zip: MIAMI, FL 33175

Title: V () Delete
Name: RIVERA, LILLIAN
Address: 2396 S W 140TH PLACE
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: MENDEZ, SERGIO
Address: 11481 SW 84TH STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL RIVERA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date