2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N02000000208

Entity Name: CHRISTIAN REVIVAL TABERNACLE CHURCH, INC.

Current Principal Place of Business:

389 CARRINGTON DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

POB 9762
CORAL SPRINGS, FL 33075 US

New Mailing Address:

FEI Number: 04-3592837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARUGHESE, GEORGE
389 CARRINGTON DRIVE
WESTON, FL 33326 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:	PD	( ) Delete
Name:	VARUGHESE, GEORGE REV	
Address:	389 CARRINGTON DR	
City-St-Zip:	WESTON, FL 33326 US	
Title:	VPD	( ) Delete
Name:	KURIAN, K.P.	
Address:	2793 NW 104TH AVE 109	
City-St-Zip:	SUNRISE, FL 33322 US	
Title:	D	( ) Delete
Name:	SAMUEL, PHILLIP	
Address:	870 SE 14TH ST	
City-St-Zip:	NAPLES, FL 34117 US	
Title:	SD	( ) Delete
Name:	PAUL, DAVID	
Address:	4992 N CITATION DR 204	
City-St-Zip:	DELRAY BEACH, FL 33445 US	
Title:	TD	( ) Delete
Name:	JACOB, MONY	
Address:	12318 NW 28TH CT	
City-St-Zip:	CORAL SPRINGS, FL 33065 US	
Title:	D	(X) Delete
Name:	THOMAS, LEJOE	
Address:	5790 LAKESIDE DR 1010	
City-St-Zip:	CORAL SPRINGS, FL 33063	

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:		
Title:	TD	(X) Change ( ) Addition
Name:	LAZARUS, DAVID P	
Address:	3929 NW 88TH TERRACE	
City-St-Zip:	CORAL SPRINGS, FL 33065 US	
Title:	SD	(X) Change ( ) Addition
Name:	THOMAS, LEJOE	
Address:	5790 LAKESIDE DR , APT # 1010	
City-St-Zip:	CORAL SPRINGS, FL 33063	
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: GEORGE VARUGHESE PD 03/28/2009

Electronic Signature of Signing Officer or Director — Date