## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007506

Entity Name: ETERNAL REVIVAL MINISTRIES, INC.

FILED Mar 25, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7621 ALMARK ST. 10012 AQUA ROCK DR TAMPA, FL 33625 THONOTOSASSA, FL 33529

Current Mailing Address: New Mailing Address:

7621 ALMARK ST. 10012 AQUA ROCK DR TAMPA, FL 33625 THONOTOSASSA, FL 33592

FEI Number: 02-0675533 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEKEROL, KAREN
7621 ALMARK ST.
TAMPA, FL 33625
PEKEROL, KAREN
10012 AQUA ROCK DR
THONOTOSASSA, FL 33592

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: KAREN PEKEROL 03/25/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PEKEROL, SADI M III
 Name:
 PEKEROL, SADI M III

 Address:
 7621 ALMARK ST.
 Address:
 10012 AQUA ROCK DR

 City-St-Zip:
 TAMPA, FL 33625
 City-St-Zip:
 THONOTOSASSA, FL 33592

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HACKETT, GEORGE C
 Name:

 Address:
 3820 E. MILLER AVE.
 Address:

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KUCHNLEIN, SHARON
 Name:

 Address:
 P.O. BOX 200
 Address:

 City-St-Zip:
 GRAVOIS MILLS, MO 65037
 City-St-Zip:

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

 Name:
 MAUVIS, PIERRE
 Name:
 COLLINS, TIMOTHY

 Address:
 P.O. BOX 4954, ATLASVILLE
 Address:
 P.O. BOX 365

 City-St-Zip:
 1465 BOKSBURG, SOUTH AFRICA,
 City-St-Zip:
 CASTLEWOOD, VA 24224

Name: STIPP, PAT Name: KOULLIANOS, THEO
Address: 15 HOMESTEAD STR. ALPHEN PARK Address: 36750 US 19 N

City-St-Zip: BENONI 1500 SOUTH AFRICA, City-St-Zip: PALM HARBOR, FL 34684

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: SADI PEKEROL MR 03/25/2004