


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90033 023 ****61.25

DOCUMENT # <i>NQ200000 7506</i>	
1. Entity Name <i>Eternal Revival Ministries Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>P.O. Box 4221</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Brandon FL</i>	
Zip	Country	Zip <i>33509</i>	Country

40015678

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>020675533</i>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>Gally leate George Hackett</i> Street Address (P.O. Box Number is Not Acceptable) <i>3730 Williams Landing Cr.</i> City <i>Tampa</i> FL Zip Code <i>33610</i>		

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

George C. Hackett

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

(NOTE: Registered Agent signature required when reinstating)

1/31/05
DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sadi M. Pekar III (P/C)</i> <i>4301 Cross Ridge Court</i> <i>Valrico FL 33594</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Karen T. Pekarol (VYS)</i> <i>4301 Cross Ridge Court</i> <i>Valrico FL 33594</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>George C. Hackett</i> <i>3730 Williams Landing Cr.</i> <i>Tampa FL 33610</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sharon Kuehnlein</i> <i>23497 Richie Rd</i> <i>Versailles MO 65037</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tim Collins</i> <i>P.O. Box 365</i> <i>Castletown VA 24224</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Anthony Teta</i> <i>801 Russell Lane #254</i> <i>Brandon FL 33510</i>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sadi M. Pekar III

01/31/05

(813) 843-2185

CR2E037B (12/02)