

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007506

1. Entity Name
ETERNAL REVIVAL MINISTRIES, INC.



FILED

07 JUL 20 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3411 YORK CREST DR. APT #201
RIVERVIEW, FL 33569

Mailing Address
PO BOX 4221
BRANDON, FL 33509



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

05252007 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0675533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HACKETT, GEORGE
3730 WILLIAMS LANDING CR
TAMPA, FL 33610

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

7/14/07
DATE

Filing Fee is \$61.25
Due by September 14, 2007

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	PC	<input type="checkbox"/> Delete
NAME	PEKEROL, SADI M III	
STREET ADDRESS	3411 YORK CREST DR. APT #201	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	HACKETT, GEORGE C	
STREET ADDRESS	3730 WILLIAMS LANDING CR	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUCHNLEIN, SHARON	
STREET ADDRESS	23497 RICHIE RD	
CITY-ST-ZIP	VERSAILLES, MO 65037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, TIM	
STREET ADDRESS	P.O. BOX 365	
CITY-ST-ZIP	CASTLEWOOD, VA 24224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOULLIANOS, THEO	
STREET ADDRESS	36750 US 19 N	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	VYS	<input type="checkbox"/> Delete
NAME	PEKEROL, KAREN T	
STREET ADDRESS	3411 YORK CREST DR. APT #201	
CITY-ST-ZIP	RIVERVIEW, FL 33569	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400106700384	
CITY-ST-ZIP	07/25/07--01042--021 **61.25	
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	Evangelist/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Rowland	
STREET ADDRESS	27024 Winged Elm Drive	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	Evangelist/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Rowland	
STREET ADDRESS	27024 Winged Elm Drive	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: George C. Hackett George C. Hackett

Date 7/14/07 Daytime Phone #