

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010089

FILED  
Dec 07, 2004  
Secretary of State

**Entity Name:** CHRIST REVELATION MINISTRIES, INC.

**Current Principal Place of Business:**

3104 W. MEADOW AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

3104 W. MEADOW AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 02-0715942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KANYINDA, NGOIE M  
3104 W. MEADOW AVENUE  
TAMPA, FL 33611 US

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

KANYINDA, MARTINE N  
3104 W. MEADOW AVENUE  
TAMPA, FL 33611 US

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: MARTINE N. KANYINDA

12/07/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KANYINDA, NGOIE M  
Address: 3104 W. MEADOW AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: C ( ) Delete  
Name: MUYENGA, KABUIE M  
Address: 3104 W. MEADOW AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: S ( ) Delete  
Name: KIUNGU, BANZA S  
Address: 3104 W. MEADOW AVENUE  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KANYINDA, MARTINE N  
Address: 3104 W. MEADOW AVENUE  
City-St-Zip: TAMPA, FL 33611

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 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: MARINE N. KANYINDA

DIR

12/07/2004

Electronic Signature of Signing Officer or Director

Date