2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010089

Entity Name: CHRIST REVELATION MINISTRIES, INC.

FILED Apr 04, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3104 W. MEADOW AVENUE 3014 W. MEADOW AVENUE

TAMPA, FL 33611 TAMPA, FL 33611

Current Mailing Address: New Mailing Address:

3104 W. MEADOW AVENUE 3014 W. MEADOW AVENUE

TAMPA, FL 33611 TAMPA, FL 33611

FEI Number: 02-0715942 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:

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

KANYINDA, MARTINE N
3014 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 KANYINDA 04/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 KANYINDA, MARTINE N
 Name:

 Address:
 3104 W. MEADOW AVENUE
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

Name: MUYENGA, KABUIE M Name: WHITE, SAMUEL

 Address:
 3104 W. MEADOW AVENUE
 Address:
 2505 WEST 18TH AVENUE

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 TAMPA, FL 33605

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

Name: KIUNGU, BANZA S Name: KIUNGU, BANZA S Address: 3104 W. MEADOW AVENUE Address: 3013 W. MEADOW AVENUE

City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

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: MARTINE KANYINDA D 04/04/2005