

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03479

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: BLUE PRINT FOR REVIVAL MINISTRIES, INC.

**Current Principal Place of Business:**

LEVY HAMMOCK RD.AT SELLARS RD.  
7560 SE 183RD AVE., P O BOX 3086  
BELLEVIEW, FL 344213086 US

**New Principal Place of Business:**

**Current Mailing Address:**

LEVY HAMMOCK RD.AT SELLARS RD.  
7560 SE 183RD AVE., P O BOX 3086  
BELLEVIEW, FL 344213086 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MAC WILLIAMS, ED J.  
HIGHWAY 441 AT C-25  
BELLEVIEW, FL 32620 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAC WILLIAMS, ED J.  
Address: HIGHWAY 441 AT C-25  
City-St-Zip: BELLEVIEW, FL

Title: ST ( ) Delete  
Name: CRAIG, KIMBERLY A  
Address: 460 SE 168TH CT  
City-St-Zip: SILVER SPRINGS, FL 34468

Title: VD ( ) Delete  
Name: THOMAS, WALTER,  
Address: ROUTE 1  
City-St-Zip: OKLAWAHA, FL

Title: D ( ) Delete  
Name: MACWILLIAMS, STEPHEN S  
Address: 7570 SE 183 AVENUE ROAD  
City-St-Zip: OCKLAWAHA, FL 32179

Title: D (X) Delete  
Name: FULK, CHAD  
Address: 7298 SE 180 AVE ROAD  
City-St-Zip: OCKLAWAHA, FL 32179

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

Title: PD (X) Change ( ) Addition  
Name: MACWILLIAMS, ED J  
Address: HIGHWAY 441 AT C-25  
City-St-Zip: BELLEVIEW, FL 34421 US

Title: ST (X) Change ( ) Addition  
Name: CRAIG, KIMBERLY A  
Address: 460 SE 168TH CT  
City-St-Zip: SILVER SPRINGS, FL 34468 US

Title: VD (X) Change ( ) Addition  
Name: THOMAS, WALTER A  
Address: ROUTE 1  
City-St-Zip: OKLAWAHA, FL 32179 US

Title: D (X) Change ( ) Addition  
Name: MACWILLIAMS, STEPHEN S  
Address: 7570 SE 183 AVENUE ROAD  
City-St-Zip: OCKLAWAHA, FL 32179 US

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 Chapter 119, 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: ED J MACWILLIAMS

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date