

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03479

FILED
Jan 26, 2009
Secretary of State

Entity Name: BLUE PRINT FOR REVIVAL MINISTRIES, INC.

Current Principal Place of Business:

LEVY HAMMOCK RD., POST BOX 400
7560 SE 183RD AVE.,
BELLEVIEW, FL 34421 US

New Principal Place of Business:

Current Mailing Address:

LEVY HAMMOCK RD. POST BOX 400
7560 SE 183 AVE.,
BELLEVIEW, FL 34421 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 34420 US

Name and Address of New Registered Agent:

MACWILLIAMS, EDWARD J DR.
HIGHWAY 441 AT C-25
BELLEVIEW, FL 34420 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: EDWARD J. MACWILLIAMS

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACWILLIAMS, ED J
Address: HIGHWAY 441 AT C-25
City-St-Zip: BELLEVIEW, FL 34420 US

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

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

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

Title: D (X) Delete
Name: MACWILLIAMS, DOROTHY L
Address: 7560 SE 183 AVE RD.
City-St-Zip: OCKLAWAHA, FL 32179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACWILLIAMS, ED J DR.
Address: HIGHWAY 441 AT C-25
City-St-Zip: BELLEVIEW, FL 34420 US

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

Title: VP (X) Change () Addition
Name: MACWILLIAMS, DOROTHY L MRS.
Address: 7560 SE 183 AVENUE ROAD
City-St-Zip: OCKLAWAHA, FL 32179 US

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 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: KIMBERLY A. CRAIG

ST

01/26/2009

Electronic Signature of Signing Officer or Director

Date