2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# N03479

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MACWILLIAMS, EDWARD J DR.
7560 SE 183RD AVENUE RD.,
OCKLAWAHA, FL 32183 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: _____ 05/03/2010
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MACWILLIAMS, ED J DR.
Address: 7560 SE 183RD AVENUE RD., POB 953
City-St-Zip: OCKLAWAHA, FL 32183 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: DR. ED J MACWILLIAMS PD 05/03/2010
Electronic Signature of Signing Officer or Director — Date