

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002007
 1. Entity Name
 REVELATION MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
 8532 VERMANTH RD
 JACKSONVILLE, FL 32211

Mailing Address
 8532 VERMANTH RD
 JACKSONVILLE, FL 32211



04152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 20-5331874

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SNEAD, J. DOUGLAS III
 8532 VERMANTH RD
 JACKSONVILLE, FL 32211

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNEAD, J. DOUGLAS III 8532 VERMANTH RD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENNER, ARVILLE 4701 DIANE RD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERCE, JAMES 2752 SAFE SHELTER DR W JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONCONE, PETER 2912 BILOXI TRAIL MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNEAD, JENNIFER F 8532 VERMANTH RD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000715345
 04/27/07-80060-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J Douglas SNEAD III 4-15-07 904 725-5045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #