

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

04-14-2008 90071 013 ****61.25

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**

66010429



04012008 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: _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$81.25
 Due by May 1, 2008**

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	

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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 lists empowered.

SIGNATURE: *J. Douglas III* 5/1/08 PD
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #