

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002007

FILED
May 11, 2009
Secretary of State

Entity Name: REVELATION MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

8532 VERMANTH RD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

8532 VERMANTH RD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-5331874 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

SNEAD, J. DOUGLAS III
8532 VERMANTH RD
JACKSONVILLE, FL 32211 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: SNEAD, J. DOUGLAS III
Address: 8532 VERMANTH RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD () Delete
Name: RENNER, ARVILLE
Address: 4701 DIANE RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD () Delete
Name: PIERCE, JAMES
Address: 2752 SAFE SHELTER DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: CONCONE, PETER
Address: 2912 BILOXI TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD () Delete
Name: SNEAD, JENNIFER F
Address: 8532 VERMANTH RD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES D SNEAD

Electronic Signature of Signing Officer or Director

P

05/11/2009

_____ Date