

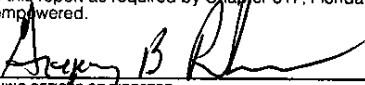


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90046 033 ****61.25

DOCUMENT # N04000008679					
1. Entity Name REVELATION COMMUNITY BAPTIST CHURCH, INC OF TAMPA FL.					
Principal Place of Business 8704 ANGLERS POINT DR TAMPA, FL 33637			Mailing Address P O BOX 8773 TAMPA, FL 33674		
2. Principal Place of Business 9704 Anglers Point Dr		3. Mailing Address P O BOX 8773			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-1620714	
Zip 33637		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, GREGORY B 8704 ANGLERS POINT DR TAMPA, FL 33637			7. Name and Address of New Registered Agent Name ROBINSON, GREGORY B Street Address (P.O. Box Number is Not Acceptable) 9704 ANGLERS POINT DR City TAMPA FL Zip Code 33637		
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 Gregory B. Robinson				3-15-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C	NAME ROBINSON, G B		<input type="checkbox"/> Delete		
STREET ADDRESS 8704 ANGLERS POINT DR			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TAMPA, FL 33637					
TITLE VC	NAME ALLEN, LORETTA		<input type="checkbox"/> Delete		
STREET ADDRESS 6312 N 22ND ST			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TAMPA, FL 33610					
TITLE S	NAME PARKER, ANNIE		<input type="checkbox"/> Delete		
STREET ADDRESS 3409 N 48TH			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TAMPA, FL 33605					
TITLE T	NAME COUZENS, JERRY		<input type="checkbox"/> Delete		
STREET ADDRESS 5616 12TH AVE SOUTH			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TAMPA, FL 33619					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gregory B. Robinson				3-15-05 813-984-7983	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	