

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002086

FILED
Apr 30, 2009
Secretary of State

Entity Name: REVIVING SOULS MINISTRIES, INC.

Current Principal Place of Business:

503 W. KING ST
COCOA, FL 32922

New Principal Place of Business:

503 W. KING ST.
COCOA, FL 32922

Current Mailing Address:

3824 E LAKEVIEW BLVD
COCOA, FL 32926

New Mailing Address:

3052 P.O. BOX
COCOA, FL 32924

FEI Number: 20-2485720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, KAMIA D
3824 E LAKEVIEW BLVD
COCOA, FL 32926 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: D () Delete
Name: FRANKLIN, BERNADINE
Address: 410 WINTHROP CIR
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: LEWIS, JARED
Address: 5963 GILSON AVE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: DEMPS, TRAMESA C
Address: 1087 SWAN ST
City-St-Zip: MELBOURNE, FL 32935

Title: PD () Delete
Name: WHITE, KAMIA
Address: 3824 E LAKEVIEW BLVD.
City-St-Zip: COCOA, FL 32926

Title: VD () Delete
Name: HUBBARD, JOHNNY
Address: 3795 KATALINA DR
City-St-Zip: COCOA, FL 32926

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LEWIS, JARED
Address: 5963 GILSON AVE
City-St-Zip: COCOA, FL 32927

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: TD () Change (X) Addition
Name: FOLSON, AUDREY C
Address: 7731 REX HILL TRAIL
City-St-Zip: ORLANDO, FL 32818

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: KAMIA D. WHITE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date