

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002086

FILED  
Apr 30, 2011  
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:**

**Current Mailing Address:**

P.O. BOX 3052  
COCOA, FL 32924

**New Mailing Address:**

**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  
**Name:** WALKER, RUTHANNA  
**Address:** 15606 NE 40TH ST. #J-140  
**City-St-Zip:** REDMOND, WA 98052

**Title:** D  
**Name:** LEWIS, JARED  
**Address:** 6886 BLACKBERRY COURT  
**City-St-Zip:** COCOA, FL 32940

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

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

**Title:** VD  
**Name:** HUBBARD, JOHNNY F SR.  
**Address:** 3795 KATALINA DR  
**City-St-Zip:** COCOA, FL 32926

**Title:** TSD  
**Name:** FOLSON, AUDREY C  
**Address:** 7731 REX HILL TRAIL  
**City-St-Zip:** ORLANDO, FL 32818

I hereby 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 all other like empowered.

**SIGNATURE:** AUDREY C. FOLSON

TSD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date