2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005186

FILED Feb 12, 2009 Secretary of State

Entity Name: WORLD INTERNATIONAL REVIVAL CENTER, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
103 ELM S PENSACO	T. LA, FL 32506				
Current Mailing Address:			New Maili	New Mailing Address:	
103 ELM S PENSACO	T. LA, FL 32506				
FEI Number:	59-3679193	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired (X)	
Name and	Address of Co	urrent Registered Agent:	Name and	Address of New Registered Agent:	
THOMAS, 103 ELM S PENSACO		US			
	named entity s of Florida.	ubmits this statement for the pu	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR					
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () THOMAS, GILLIS 103 ELM ST. PENSACOLA, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () THOMAS, GWEN 103 ELM ST. PENSACOLA, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M () BUTLER, CARNI 22 PLEASANT A PENSACOLA, FI	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	M () Change (X) Addition CUNNINGHAM, ANNIE M NELL CT. APT. 42 300 MILDRED ST. ENTERPRISE, AL 36330	
Title: Name: Address:	()	Delete	Title: Name: Address: City-St-Zip:	M () Change (X) Addition MCNEIL, LENA L 7050 MOORE AVE. PENSACOLA, FL 32526	

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: GWENDOLYN THOMAS DST 02/12/2009