

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000005490**

1. Entity Name  
**REVELATIONS, RESEARCH AND ENLIGHTENMENT  
GROUP, INC.**



Principal Place of Business  
**1405 SAINT JOHNS AVENUE  
PALATKA, FL 32177**

Mailing Address  
**1405 SAINT JOHNS AVENUE  
PALATKA, FL 32177**

**DO NOT WRITE IN THIS SPACE**



07242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**86-1166800**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HUTCHERSON, LAWRENCE  
1405 SAINT JOHNS AVENUE  
PALATKA, FL 32177**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BOONE, AUDREY  
100 MEMORIAL PARKWAY  
PALATKA, FL 32177**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
MCGRIFF, GARY  
500 MAGNOLIA STREET  
PALATKA, FL 32177**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
BELL, STEVEN J  
P.O. BOX 2117  
INTERLACHEN, FL 32148**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000773013  
08/30/07-80001-003 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**August 16, 2007**  
**(386) 328-0186**