


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 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
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 86-1166800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000948682 06/02/08-80065-006 70.00
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10. OFFICERS AND DIRECTORS

TITLE DP	BOONE, AUDREY
NAME	100 MEMORIAL PARKWAY
STREET ADDRESS	PALATKA, FL 32177
CITY-ST-ZIP	
TITLE DVP	MCGRIFF, GARY
NAME	500 MAGNOLIA STREET
STREET ADDRESS	PALATKA, FL 32177
CITY-ST-ZIP	
TITLE DST	BELL, STEVEN J
NAME	P.O. BOX 2117
STREET ADDRESS	INTERLACHEN, FL 32148
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: GARY MCGRIFF 5-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #