

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005490

FILED
May 01, 2009
Secretary of State

Entity Name: REVELATIONS, RESEARCH AND ENLIGHTENMENT GROUP, INC.

Current Principal Place of Business:

1405 SAINT JOHNS AVENUE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

1405 SAINT JOHNS AVENUE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 86-1166800 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUTCHERSON, LAWRENCE
1405 SAINT JOHNS AVENUE
PALATKA, FL 32177 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: DP () Delete
Name: BOONE, AUDREY
Address: 100 MEMORIAL PARKWAY
City-St-Zip: PALATKA, FL 32177

Title: DVP () Delete
Name: MCGRIFF, GARY
Address: 500 MAGNOLIA STREET
City-St-Zip: PALATKA, FL 32177

Title: DST () Delete
Name: BELL, STEVEN J
Address: P.O. BOX 2117
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: AUDREY BOONE

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date