

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 30, 2006
Secretary of State**

DOCUMENT# N05000006303

Entity Name: REVIVAL FIRE DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 610757
VERO BEACH, FL 329610757

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 610757
VERO BEACH, FL 329610757

New Mailing Address:

FEI Number: 20-3060045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

THORPE-BROWN, DENISE
1245 SW 23RD STREET
VERO BEACH, FL 32962 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: THORPE-BROWN, DENISE
Address: 1245 SW 23RD STREET
City-St-Zip: VERO BEACH, FL 32962

Title: DS () Delete
Name: WILLIAMS, CECILE
Address: 2302 SW 11TH COURT
City-St-Zip: VERO BEACH, FL 32962

Title: DT (X) Delete
Name: JACKSON, KARYN
Address: 811 FOSTER AVENUE
City-St-Zip: SEBASTIAN, FL 32958

Title: DV () Delete
Name: MORGAN, VERNAL
Address: 2195 SW 15TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: DIR () Change (X) Addition
Name: HARVEY, LAKISHA
Address: 4330 33RD AVENUE
City-St-Zip: VERO BEACH, FL 32967

Title: DIR () Change (X) Addition
Name: SMITH, CELESTE
Address: 170 SW 6TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the 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: DENISE THORPE-BROWN

DP

05/30/2006

Electronic Signature of Signing Officer or Director

Date