

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

**DOCUMENT # N05000006303**  
 1. Entity Name  
**REVIVAL FIRE DELIVERANCE MINISTRIES, INC.**



FILED

07 OCT 11 AM 9:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



09052007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 20-3060045 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Principal Place of Business  
**P.O. BOX 610757  
 VERO BEACH, FL 32961-0757  
 1223 14<sup>th</sup> Ave  
 Vero Beach FL 32961**

Mailing Address  
**P.O. BOX 610757  
 VERO BEACH, FL 32961-0757**

6. Name and Address of Current Registered Agent  
**THORPE-BROWN, DENISE  
 1245 SW 23RD STREET  
 VERO BEACH, FL 32962**

**DO NOT WRITE  
 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: *Denise Thorpe-Brown* Denise Thorpe-Brown 9/30/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>THORPE-BROWN, DENISE<br>1245 SW 23RD STREET<br>VERO BEACH, FL 32962 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>WILLIAMS, CECILE<br>2302 SW 11TH COURT<br>VERO BEACH, FL 32962      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>MORGAN, VERNAL<br>2195 SW-15TH AVENUE<br>VERO BEACH, FL 32962       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIR<br>HARVEY, LAKISHA ADM<br>4330 33RD AVENUE<br>VERO BEACH, FL 32967    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>SMITH, CELESTE<br>170 SW 6TH AVENUE<br>VERO BEACH, FL 32962         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

*9/18/07*  
 900109660439  
 09/19/07--01048--005 \*\*8.75  
 900109660439  
 09/19/07--01048--006 \*\*61.25

**DO NOT WRITE  
 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: *Denise Thorpe-Brown* Denise Thorpe-Brown 9/30/07 772-766-0227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone