

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006303

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: REVIVAL FIRE DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

1623 14TH AVE  
VERO BEACH, FL 32961

**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 ( )

**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:**

THORPE, DENISE  
2840 GRAND ISLE WAY SW  
VERO BEACH, FL 32968 US

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: DENISE THORPE

04/30/2008

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

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

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

Title: DS ( ) Delete  
Name: SMITH, CELESTE  
Address: 170 SW 6TH AVENUE  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: THORPE, DENISE  
Address: 2840 GRAND ISLE WAY SW  
City-St-Zip: VERO BEACH, FL 32962

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:

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: DENISE THORPE

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date