

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008529

FILED
May 01, 2008
Secretary of State

Entity Name: REVEILLE MINISTRY, INC.

Current Principal Place of Business:

725 PRIMERA COURT BLVD.
SUITE 110
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

389 BENTLEY ST.
OVIEDO, FL 32756

New Mailing Address:

FEI Number: 20-3325586 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:

KIPI, JEFFERY T
389 BENTLEY ST.
OVIEDO, FL 32765 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: P () Delete
Name: WREN, LAURIE
Address: 725 PRIMERA COURT BLVD. SUITE 110
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: WREN, DANE
Address: 725 PRIMERA COURT BLVD. SUITE 110
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: WREN, DANE
Address: 725 PRIMERA COURT BLVD. SUITE 110
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: KIPPI, JEFFERY
Address: 389 BENTLEY ST.
City-St-Zip: OVIEDO, FL 32765

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:

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: DANE C. WREN

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date