

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90049 016 \*\*\*\*70.00

<b>DOCUMENT # N06000000027</b> 1. Entity Name CITY OF REVELATION MINISTRIES, INC.					
Principal Place of Business 2853 BERKSHIRE CIRCLE KISSIMMEE, FL 34743				Mailing Address 2853 BERKSHIRE CIRCLE KISSIMMEE, FL 34743	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-1679939	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOYCE, ROBERT H JR. 2853 BERKSHIRE CIRCLE KISSIMMEE, FL 34743			Name <u>RITA H. JOYCE</u> Street Address (P.O. Box Number is Not Acceptable) <u>2853 BERKSHIRE CIR</u> City <u>KISSIMMEE</u> FL <u>34743</u>		
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: <u>Rita H. Joyce</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>4-8-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <del>JOYCE, ROBERT H JR</del> <del>2853 BERKSHIRE CIRCLE</del> <del>KISSIMMEE, FL 34743</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RITA H. JOYCE</u> <u>2853 BERKSHIRE CIR</u> <u>KISSIMMEE, FL 34743</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <del>JOYCE, RITA H</del> <del>2853 BERKSHIRE CIRCLE</del> <del>KISSIMMEE, FL 34743</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRECHT, DAVID S 20918 120TH AVE. SE KENT, WA 98031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rita H. Joyce</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-8-08</u> Daytime Phone #: <u>407-348-7472</u>		

40065561



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