2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# N06000007774

Entity Name: REVIVED AND TRANSFORMED MINISTRIES INC.

Current Principal Place of Business:

8030 PIERRE DRIVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

8030 PIERRE DRIVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

HOOD, JACQUELINE
8030 PIERRE DRIVE
JACKSONVILLE, FL 32210 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: HOOD, JACQUELINE
Address: 8030 PIERRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: STUBBS, GODFREY
Address: 11 WINOUNE WOODS CT #2
City-St-Zip: MADISON, WI 53713

Title: D ( ) Delete
Name: SMITH, LONNIE
Address: 3025 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: WERLICK, DEMETRIE
Address: 8515 WILSON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: TEEN, JACQUELINE
Address: 2242 OVERLOOK RD
City-St-Zip: AUGUSTA, GA 30906

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: D (X) Change ( ) Addition
Name: WARLICK, DEMETRIE
Address: 8515 WILSON AVE
City-St-Zip: JACKSONVILLE, FL 32210

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: JACQUELINE HOOD P 07/02/2007
Electronic Signature of Signing Officer or Director — Date