

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007774

FILED  
May 01, 2008  
Secretary of State

**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: WARLICK, 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: FOSTER, SHANTELL  
Address: 96159 MT ZION LOOP  
City-St-Zip: YULEE, FL 32097

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

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date