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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06407**

1. Corporation Name

REVIVAL OUTREACH CENTER OF HILLSBOROUGH COUNTTY, INC.

Principal Place of Business	Mailing Address
225 N. DOVER ROAD DOVER FL 33527	225 N. DOVER ROAD DOVER FL 33527

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 11/30/1984

4. FEI Number: 59-2484905 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HUMPHREY, JERRY
4707 BEACHMONT DR
VALRICO FL 33594

10. Name and Address of New Registered Agent

(81) Name: Rick C. Wilson
(82) Street Address (P.O. Box Number is Not Acceptable): 231 N. Dover Rd.
(83)
(84) City: Dover FL (85) Zip Code: 33527

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Rick C. Wilson President — DATE: 2-16-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☑ DELETE	1.1 TITLE	V/D	☐ Change ☑ Addition
NAME	WALDRON, JIM		1.2 NAME	Wilson, Myra	
STREET ADDRESS	4809 N. GALLAGHER		1.3 STREET ADDRESS	231 N. Dover Rd.	
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	Dover, Fl. 33527	
TITLE	SD	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	DIBENEDETTO, NICK		2.2 NAME	Dibenedetto, Nick	
STREET ADDRESS	1110 MELROSE ST.		2.3 STREET ADDRESS	1110 Melrose St.	
CITY-ST-ZIP	SEFFNER FL		2.4 CITY-ST-ZIP	Seffner, Fl. 33584	
TITLE	MD	☑ DELETE	3.1 TITLE	T/D	☐ Change ☑ Addition
NAME	HABBESHAW, BOB		3.2 NAME	Schism, Alan	
STREET ADDRESS	2820 STEARNS RD		3.3 STREET ADDRESS	5415 Endeavor Ave.	
CITY-ST-ZIP	VALRICO FL		3.4. CITY-ST-ZIP	Dover, Fl. 33527	
TITLE	TD	☑ DELETE	4.1 TITLE	S/D	☐ Change ☑ Addition
NAME	HUMPHREY, JERRY		4. 2 NAME	Schism, Vicki	
STREET ADDRESS	4707 BEACHMONT DR.		4.3 STREET ADDRESS	5415 Endeavor Ave.	
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP	Dover, Fl. 33527	
TITLE		☐ DELETE	5.1 TITLE	P/D	☑ Change ☑ Addition
NAME			5.2 NAME	Wilson, Rick	
STREET ADDRESS			5.3 STREET ADDRESS	231 N. Dover Rd	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Dover, Fl. 33527	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rick C. Wilson Rick C Wilson 2-16-99 8136812250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #