

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06407

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** REVIVAL OUTREACH CENTER OF HILLSBOROUGH COUNTY, INC.

**Current Principal Place of Business:**

225 N. DOVER ROAD  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

225 N. DOVER ROAD  
DOVER, FL 33527

**New Mailing Address:**

**FEI Number:** 59-2484905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, RICK C  
231 N. DOVER ROAD  
DOVER, FL 33527 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: VD ( ) Delete  
Name: WILSON, MYRA  
Address: 231 N. DOVER ROAD  
City-St-Zip: DOVER, FL 33527

Title: D ( ) Delete  
Name: CAREY, RICH  
Address: 731 GRAND CANYON DR.  
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete  
Name: SCHISM, ALAN  
Address: 5415 ENDEAVOR AVENUE  
City-St-Zip: DOVER, FL 33527

Title: SD ( ) Delete  
Name: SCHISM, VICKI  
Address: 5415 ENDEAVOR AVENUE  
City-St-Zip: DOVER, FL 33527

Title: PD ( ) Delete  
Name: WILSON, RICK  
Address: 231 NORTH DOVER ROAD  
City-St-Zip: DOVER, FL 33527

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICK WILSON

P

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date