2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# N06987

Entity Name: APOSTOLIC FAITH REVIVAL CENTER, INC.

Current Principal Place of Business:

2485 45TH ST
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5052
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 59-2610335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MCGRIFF, MARLENE
108 A FLINT STREET
SEBASTIAN, FL 32958 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: PCM ( ) Delete
Name: MCGRIFF, MARLENE
Address: PO BOX 2602
City-St-Zip: VERO BEACH, FL 32961

Title: VD ( ) Delete
Name: SHUTONNA, MCGRIFF
Address: 4555 48TH AVE.
City-St-Zip: VERO BEACH, FL 32967

Title: T ( ) Delete
Name: MCGRIFF, RHONDA
Address: PO BOX 1603
City-St-Zip: VERO BEACH, FL 32961

Title: SD ( ) Delete
Name: CYPRESS, ALISSIA
Address: 1585 31ST AVENUE
City-St-Zip: VERO BEACH, FL 32960

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:

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: ALISSIA CYPRESS SD 05/03/2009

Electronic Signature of Signing Officer or Director — Date