

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009456

FILED  
Feb 27, 2008  
Secretary of State

**Entity Name:** REVIVAL FIRE MINISTRIES WORLDWIDE, INC.

**Current Principal Place of Business:**

2150 COLLIER AVENUE  
SUITE H  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2150 COLLIER AVENUE  
SUITE H  
FT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 26-1097947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FELTS, DAVID A  
2150 COLLIER AVENUE  
SUITE H  
FT MYERS, FL 33901 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: D ( ) Delete  
Name: FELTS, DAVID A  
Address: 4139 SHOAL LINE BOULEVARD  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: D ( ) Delete  
Name: ANASTASI, GASPAR  
Address: 8818 BANYON COVE CIRCLE  
City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete  
Name: FELTS, JASON A  
Address: 3174 GULFWINDS CIRCLE  
City-St-Zip: HERNANDO BEACH, FL 34607

**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:

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: DAVID A. FELTS

D

02/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date