## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009456

FILED Aug 28, 2009 Secretary of State

Entity Nai	me: REVIVAL FIRE MINISTRIES WORL	.DWIDE, INC.		
Current P	rincipal Place of Business:	New Principal Place	of Business:	
SUITE H	LIER AVENUE S, FL 33901			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
SUITE H	LIER AVENUE 5, FL 33901			
	: 26-1097947 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation of		Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent	t: Name and Address o	f New Registered Agent:	
SUITE H	AVIDA LIERAVENUE S, FL 33901 US			
	named entity submits this statement for the office of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI				
	Electronic Signature of Registered	I Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete FELTS, DAVID A 4139 SHOAL LINE BOULEVARD HERNANDO BEACH, FL 34607	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delete ANASTASI, GASPAR 8818 BANYON COVE CIRCLE FT MYERS, FL 33919	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( ) Delete FELTS, JASON A 3174 GULFWINDS CIRCLE	Title: Name: Address:	( ) Change ( ) Addition	

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 FELTS **PRES** 08/28/2009