

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N08000000019

Entity Name: CHURCH OF REVELATION NON-DENOMINATION, INC.

Current Principal Place of Business:

901 BEAVERDALE LANE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

901 BEAVERDALE LANE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 71-1046641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, VIVIAN
909 INNERGARY PLACE
VALRICO, FL 33594 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: MINIWEATHER, SIDNEY JR
Address: 901 BEAVERDALE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: MINIWEATHER, QUEEN E
Address: 901 BEAVERDALE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: BROWN, EDWARD L
Address: 901 BEAVERDALE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: MINIWEATHER, LATONYA J
Address: 901 BEAVERDALE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: BROWN, VIVIAN
Address: 909 INNERGARY PLACE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: BIVENS, WALTER JR
Address: 118 MARVIN DRIVE
City-St-Zip: HAMPTON, VA

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
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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: VIVIAN BROWN

D

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date