

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006463

FILED  
Feb 23, 2010  
Secretary of State

**Entity Name:** APOSTOLIC REVIVAL CENTER OF MARIANNA, FLORIDA, INC.

**Current Principal Place of Business:**

3001 HWY. 71 NORTH  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 634  
MARIANNA, FL 32447 US

**New Mailing Address:**

**FEI Number:** 94-3432851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CASTILLO, SR, ROBERTO A  
4455 BROAD STREET  
MARIANNA, FL 32446 US

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

CASTILLO, SR, ROBERTO A  
5535 C BLACK ROAD  
MARIANNA, FL 32446 US

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: ROBERTO A. CASTILLO SR.

02/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CASTILLO, ROBERTO A PASTOR  
Address: 5535 C BLACK ROAD  
City-St-Zip: MARIANNA, FL 33446

Title: VD  
Name: CASTILLO, ELIZABETH J LADY  
Address: 5535 C BLACK ROAD  
City-St-Zip: MARIANNA, FL 33446

Title: D  
Name: SMITH, GILBERT S PASTOR  
Address: 6702 NW 15TH AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: TD  
Name: BRISON, ANNIE R MOTHER  
Address: 4263 SCHWENCHE DR.  
City-St-Zip: MARIANNA, FL 33448 US

Title: AD  
Name: JONES, WILLIE J APOSTLE  
Address: 6702 NW 15TH AVENUE  
City-St-Zip: MIAMI, FL 33147 US

Title: SD  
Name: COCKERHAM, PRINCESS L SISTER  
Address: 3622 FLAT ROAD  
City-St-Zip: GREENWOOD, FL 32443 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERTO A. CASTILLO

PD

02/23/2010

Electronic Signature of Signing Officer or Director

Date