2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006463

FILED Mar 03, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3001 HWY. 71 NORTH MARIANNA, FL 32446 US

Current Mailing Address: New Mailing Address:

P O BOX 634

MARIANNA, FL 32447 US

FEI Number: 94-3432851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

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: BRISNON, 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 SR. PD 03/03/2012