2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2009
Secretary of State

DOCUMENT# N08000009639

Entity Name: THE BROTHERS OF REVELATION INC.

Current Principal Place of Business:

6237 20TH ST S
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

6237 20TH ST S
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 80-0284213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GIBBONS, WILLIE E
6237 20TH ST S
ST PETERSBURG, FL 33712 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: P ( ) Delete
Name: GIBBONS, ERIN E
Address: 2700 1/2 13TH AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: VP ( ) Delete
Name: GIBBONS, WILLIE E
Address: 6237 20TH ST S
City-St-Zip: ST PETERSBURG, FL 33712

Title: T ( ) Delete
Name: GIBBONS, WILLIE E
Address: 6237 20TH ST S
City-St-Zip: ST PETERSBURG, FL 33712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MICHAEL, TOLBERT
Address: 2700 1/2 13TH AVE NO
City-St-Zip: ST PETERSBURG, FL 33712

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: NELSON, JOHN
Address: 2700 1/2 13TH AVE NO
City-St-Zip: ST.PETERSBURG, FL 33713

Title: BM ( ) Change (X) Addition
Name: WASHINGTON, QUONIKA
Address: 3615 22ND AVE SO
City-St-Zip: ST.PETERSBURG, FL 33711

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: ERIN GIBBONS P 08/14/2009

Electronic Signature of Signing Officer or Director — Date