

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011104

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** REVIVAL FAITH CENTER MINISTRIES LIFE ENRICHMENT CENTER, INC

**Current Principal Place of Business:**

3610 CRAWFORDVILLE HIGHWAY  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 11066  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HINES, LINDA D PASTOR  
39 ELI COURT  
CRAWFORDVILLE, FL 32327 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  
Name: HINES, LINDA D PASTOR  
Address: 39 ELI COURT  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S  
Name: COPELAND, DEMOND  
Address: 1280 KISSIEE STREET  
City-St-Zip: TALLAHASSEE, FL 32310

Title: T  
Name: JONES, MOTYKA  
Address: 1788 DAX COURT  
City-St-Zip: TALLAHASSEE, FL 32308

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: MOTYKA JONES

T

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date