

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2011
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: 85-8015194

FEI Number Applied For ()

FEI Number Not Applicable ()

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: LANGSTON, LEONA
Address: 1417 WOODVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: GAVIN, SYLVIA
Address: 8747 OLD SHELL POINT ROAD
City-St-Zip: TALLAHASSEE, FL 32305

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: LINDA HINES

P

03/30/2011

Electronic Signature of Signing Officer or Director

Date