

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004713

FILED  
Mar 23, 2012  
Secretary of State

**Entity Name:** REVELATION CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

6244 TRIBUTARY STREET  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3879  
PENSACOLA, FL 32516 38

**New Mailing Address:**

6244 TRIBUTARY STREET  
PENSACOLA, FL 32526

**FEI Number:** 80-0408957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIER, JOHNNY A  
781 ALPINE DRIVE  
PENSACOLA, FL 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: PD  
Name: GRIER, TIMOTHY E  
Address: 6244 TRIBUTARY STREET  
City-St-Zip: PENSACOLA, FL 32526

Title: SD  
Name: TISDALE, SYLVIA E  
Address: 6250 COLLEGE BLVE  
City-St-Zip: PENSACOLA, FL 32504

Title: VD  
Name: GRIER, JOHNNY A  
Address: 781 ALPINE DRIVE  
City-St-Zip: PENSACOLA, FL 32503

Title: TD  
Name: GOVENS, HAROLD  
Address: 2355 W. MICHIGAN AVE; APT D25  
City-St-Zip: PENSACOLA, FL 32526

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:** TIMOTHY E. GRIER

PD

03/23/2012

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

\_\_\_\_\_  
Date