


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N19392 1. Entity Name THE REVIVAL FAITH CENTER MINISTRIES, INC.	
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Principal Place of Business 3541 W BROWARD BLVD FT LAUDERDALE, FL 33312	Mailing Address 3541 W BROWARD BLVD FT LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0067308	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HERRINGTON, SARAH
2398 NW 26 AVENUE
FORT LAUDERDALE, FL 33311**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sarah Herrington* DATE: 3/16/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000095572 03/24/04 08:00:00 005 70.00
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10. OFFICERS AND DIRECTORS

TITLE PD	DILLARD, JANICE
NAME	11100 NW 23 COURT
STREET ADDRESS	CORAL SPRINGS, FL 33065
CITY- ST- ZIP	
TITLE VD	MORRIS, FRANCES MCDONA
NAME	885 WEST DAYTON CIRCLE
STREET ADDRESS	FORT LAUDERDALE, FL
CITY- ST- ZIP	
TITLE SD	HERRINGTON, SARAH
NAME	2398 NW 26 AVE
STREET ADDRESS	FT. LAUDERDALE, FL
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Dillard* DATE: 3/16/04 DAYTIME PHONE #: (954) 321-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR