2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N19392

FILED Jan 03, 2003 Secretary of State

Entity Name: THE REVIVAL FAITH CENTER MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

3541 W BROWARD BLVD FT LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

3541 W BROWARD BLVD FT LAUDERDALE, FL 33312

FEI Number: 65-0067308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BLUE, NADINE L. HERRINGTON, SARAH 827 NW 12 AVE 2398 NW 26 AVENUE

APT 1 FORT LAUDERDALE, FL 33311 US

FORT LAUDERDALE, FL 33311 US

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: SARAH HERRINGTON 01/03/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 DILLARD, JANICE,
 Name:
 DILLARD, JANICE,

 Address:
 7401 NW 48TH PLACE
 Address:
 11100 NW 23 COURT

 City-St-Zip:
 LAUDERHILL, FL
 City-St-Zip:
 CORAL SPRINGS, FL 33065

Title: VD () Delete Title: () Change () Addition

 Name:
 MORRIS, FRANCES MCDONA
 Name:

 Address:
 885 WEST DAYTON CIRCLE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 HERRINGTON, SARAH,
 Name:

 Address:
 2398 NW 26 AVE
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANICE DILLARD PD 01/03/2003