

5-9978-6860  
FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19764** (2)

1. Corporation Name

**NOW REVIVALS, INC.**



Principal Place of Business <b>1114 S. WASHINGTON ST. P.O. BOX 294 PERRY FL 32347-4825</b>	Mailing Address <b>1114 S. WASHINGTON ST. P.O. BOX 294 PERRY FL 32347-4825</b>
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3. Date Incorporated or Qualified <b>03/20/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENRY, JOHN GREEN  
1114 S. WASHINGTON STREET  
PERRY FL 32347**

81 Name <b>Rhodes, George Edwin</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6554 Skokie Rd.</b>
83
84 City <b>Lake Wales</b>
85 Zip Code <b>FL 33853</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE George Edwin Rhodes DATE 4-22-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HENRY, JOHN GREEN</b>		1.2 NAME <b>Rhodes, George Edwin</b>	
STREET ADDRESS <b>1114 S. WASHINGTON ST.</b>		1.3 STREET ADDRESS <b>6554 Skokie Rd.</b>	
CITY-ST-ZIP <b>PERRY FL</b>		1.4 CITY-ST-ZIP <b>Lake Wales FL 33853</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HENRY, MARY LOIS</b>		2.2 NAME	
STREET ADDRESS <b>1114 S. WASHINGTON ST.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PERRY FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEED, JOHN R.</b>		3.2 NAME	
STREET ADDRESS <b>605 S. JEFFERSON ST.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PERRY FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Lois Henry DATE: 4-22-97  
SIGNATURE AND APPEARED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)