

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>6554 SKOKIE RD</b> Suite, Apt. #, etc. 22 City & State 23 <b>LAKE WALES, FL</b> Zip 24 <b>33853</b>	2a. Mailing Address 26 <b>6554 SKOKIE RD</b> Suite, Apt. #, etc. 27 City & State 28 <b>LAKE WALES, FL</b> Zip 29 <b>33853</b>
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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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>RHODEN, GEORGE EDWIN 6554 SKOKIC RD LAKE WALES FL 33853</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>6554 SKOKIE RD</b> 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD RHODEN, GEORGE EDWIN 6554 SKOKIC RD LAKE WALES FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>6554 SKOKIE RD</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD HENRY, MARY LOIS 1114 S. WASHINGTON ST. PERRY FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>LAJUNE LOIS RHODEN</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>6554 SKOKIE RD</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>
TITLE	D WEED, JOHN R. 605 S. JEFFERSON ST. PERRY FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 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: *George Rhoden* **George Rhoden** 4-6-98 941-439-1919

CR2E037 (10/97)