2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 06, 2006 8:00 am Secretary of State DOCUMENT #, N31562 1. Entity Name 03-06-2006 90033 027 ****69.90 REVELATION PRAYER HOUSE, INC. Principal Place of Business Maiting Address 10610 BOLYARD DR JACKSONVILLE FL 32218 C/O ELDER GRADY DICKS 1725 WEST 28 ST JACKSONVILLE FL 32209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2950718 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mr. Grady Dicks Street Address (P.O. Box Number is Not Acceptable) 10610 Bolyard DR Jacksonville, FL 32218 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State Due By May 1, 2006 Trust Fund Contribution. Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PD TITLE Delete TITLE DICKS, GRADY NAME NAME 8136 SISKIN AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-Z(P ☐ Delete ☐ Addition TITLE TITLE ☐ Change DICKS, CHARLENE NAME NAME STREET ADDRESS 8136 SISKIN AVENUE STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition WHITEHEAD, ESTHER NAME 7152 IRONWOOD DR STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition PASTMORE, THEOTIS REV NAME NAME STREET ADDRESS 4213 ETTA ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32219 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition KITCHEN, LARRY 8144 SISKIEW AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32219 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.

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