

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

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N35332 1. Entity Name REVIVAL FAITH CENTER #2, INC.					
Principal Place of Business 9906 OLD KINGS RD N JACKSONVILLE FL 32219			Mailing Address 11586 DEEP SPRINGS DR W JACKSONVILLE FL 32219		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FCI Number 65-0173906				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, PHILIP J STE 1800 200 LAS OLAS BLVD FT LAUDERDALE FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agree, the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAUSE, JAMES MCARTHUR 11586 DEEP SPRINGS DR W JACKSONVILLE FL 32219	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000469657 03/27/06-80009-011 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAUSE, MERILYN 11586 DEEP SPRINGS DR W JACKSONVILLE FL 32219	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DILLARD, JANICE 7401 NW 48 PL LAUDERHILL FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, SAMUEL 3541 WEST BROWARD BLVD FORT LAUDERDALE FL 33312	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, ORA 35414 WEST BROWARD BLVD FORT LAUDERDALE FL 33-3112	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *James McArthur Gause*

3/28/06