

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35332

FILED
Apr 09, 2009
Secretary of State

Entity Name: REVIVAL FAITH CENTER #2, INC.

Current Principal Place of Business:

9906 OLD KINGS RD N
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

11586 DEEP SPRINGS DR W
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 65-0173906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, PHILIP J
STE 1900
200 LAS OLAS BLVD
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAUSE, JAMES MCARTHUR
Address: 11586 DEEP SPRINGS DR W
City-St-Zip: JACKSONVILLE, FL 32219

Title: SD () Delete
Name: GAUSE, MERILYN
Address: 11586 DEEP SPRINGS DR W
City-St-Zip: JACKSONVILLE, FL 32219

Title: VD () Delete
Name: DILLARD, JANICE
Address: 7401 NW 48 PL
City-St-Zip: LAUDERHILL, FL

Title: D () Delete
Name: PHILLIPS, SAMUEL
Address: 3541 WEST BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: PHILLIPS, ORA
Address: 35414 WEST BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 333112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MERILYN GAUSE

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date