2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N47979

Entity Name: BACK TO GOD REVIVAL CENTER INCORPORATED

Current Principal Place of Business:

3716 E. GENESEE ST
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 292425
TAMPA, FL 336872425 US

New Mailing Address:

3716 E. GENESEE ST
TAMPA, FL 33610 US

FEI Number: 59-3174797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, FRANK J REV
14616 GRENADINE DR.
TAMPA, FL 33613 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: BOYD, REV. FRANK J
Address: 14616 GRENADINE DR.
City-St-Zip: TAMPA, FL 33613

Title: T ( ) Delete
Name: BOYD, SARAH E DR
Address: 14616 GRENADINE DR.
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete
Name: SHARP, MRS. EMMA L
Address: P.O. BOX 567
City-St-Zip: PALATKA, FL 32177

Title: T ( ) Delete
Name: SINGLETON, MRS. DELORES
Address: 3302 DELERIEL AVENUE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOYD, FRANK J REV.
Address: 14616 GRENADINE DR.
City-St-Zip: TAMPA, FL 33613

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

Title: S (X) Change ( ) Addition
Name: SHARP, EMMA L MRS.
Address: P.O. BOX 567
City-St-Zip: PALATKA, FL 32177

Title: T (X) Change ( ) Addition
Name: SINGLETON, DELORES MRS.
Address: 3302 DELERIEL AVENUE
City-St-Zip: TAMPA, FL 33610

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: DR. SARAH E. BOYD T 04/03/2009

Electronic Signature of Signing Officer or Director — Date