2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N49214

1. Entity Name
REVELATION CHURCH OF GOD, INC.



FILED
Mar 23, 2007 08:00 AM
Secretary of State

Principal Place of Business

16332 VALENCIA BLVD ATTN: ARCHIBALD A. TURNER LOXAHATCHEE, FL 33470 Mailing Address

16332 VALENCIA BLVD ATTN: ARCHIBALD A. TURNER LOXAHATCHEE, FL 33470



DO NOT WRITE IN THIS SPACE

03192007 No Chg-NP C

CR2E037 (4/06)

4. FEI Number 65-0346669 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, REV. ARCHIBALD A. 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470

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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					DATE
	filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000677171 03/30/07-80093-021 61.25
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, A.A. 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	T TURNER, R. L. 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEAL, ANN 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, ARCHENE A 726 13TH ST. SE WASHINGTON, DC 200032922				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplieriental 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3-19-07

561-204-1439

Daytma Phone #