2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90043 019 ****70.00

DOCUMENT # N49385

1. Entity Name

REVELATION MESSAGE, INC.

Principal Place of Business	Mailing Address
1709 ST.JOHNS BLUFF RD NORTH JACKSONVILLE FL 32225 US	1709 ST.JOHNS BLUFF RD NORTH JACKSONVILLE FL 32225 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3131767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, FABIENNE N 7304 ELVIA DRIVE JACKSONVILLE FL 32211	Name NAomi-Smith, FABIENNE 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 accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	D MCWILLIAMS, DEBRA 5415 BRANDLES AVE E. CALLAHAN FL 32011	☐ Delete	McWilliams, Debra 11254 Cow Pen Road Sanderson, FL. 32087	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NAOMI-SMITH, FABIENNE 7304 ELVA DR JACKSONVILLE FL 32211	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAWDY, CLIFTON R 487 CLERMONT AVE S ORANGE PARK FL 32073	☐ Delete	Managing Director Drawdy, R. Clifton 1500 Monument Rd. #1408 Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NEWTON, C. DEAN 626 MONTE CARLO JACKSONVILLE FL 32216	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Kirk, Paul D 7236 Capercaille Trail Jacksonville, FL. 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Fabienne Naomi-Smith FABIENNE NAOMI-SMITH (904) 744-9772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR