

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49385

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: REVELATION MESSAGE, INC.

**Current Principal Place of Business:**

1709 ST.JOHNS BLUFF RD NORTH  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

1709 ST.JOHNS BLUFF RD NORTH  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

FEI Number: 59-3131767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NAOMI-SMITH, FABIENNE  
7304 ELVIA DRIVE  
JACKSONVILLE, FL 32211 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: D ( ) Delete  
Name: MCWILLIAMS, DEBRA  
Address: 11254 COWPEN RD  
City-St-Zip: SANDERSON, FL 32087

Title: PD ( ) Delete  
Name: NAOMI-SMITH, FABIENNE  
Address: 7304 ELVA DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRD (X) Delete  
Name: CLIFTON, DRAWDY R  
Address: 1500 MONUMENT RD 1408  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SD ( ) Delete  
Name: NEWTON, C. DEAN  
Address: 626 MONTE CARLO  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D ( ) Delete  
Name: PAUL, KIRK  
Address: 7236 CAPERCAILLE TRL  
City-St-Zip: JACKSONVILLE, FL 32210

**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: STD (X) Change ( ) Addition  
Name: NEWTON, C. DEAN  
Address: 626 MONTE CARLO  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D (X) Change ( ) Addition  
Name: PAUL, KIRK  
Address: P O BOX 65805  
City-St-Zip: ORANGE PARK, FL 32065 US

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: C DEAN NEWTON

STD

04/08/2009

Electronic Signature of Signing Officer or Director

Date