

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90269 020 ****61.25

DOCUMENT # N51352					
1. Entity Name SUMMERFIELD CHRISTIAN REVIVAL CENTER, INC.					
Principal Place of Business 14500 S.E. 70TH ROAD SUMMERFIELD, FL 34492			Mailing Address C/O VICTOR E MULLIN, JR P.O. BOX 153 14500 SE 70TH RD SUMMERFIELD, FL 34492 US		
2. Principal Place of Business 14500 SE 70th Road			3. Mailing Address PO Box 153 14500 SE 70th Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Summerfield Florida			City & State Summerfield, Florida		
Zip 34492	Country USA	Zip 34492	Country USA	4. FEI Number 59-3150933	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MULLIN, VICTOR E., JR. 14500 S.E. 70TH RD SUMMERFIELD, FL 34492				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 <u>Victor E. Mullin</u> Victor E Mullin <u>3/3/05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MULLIN, VICTOR E., JR. 14500 SE 70TH RD SUMMERFIELD, FL 34492	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANDERS, PRISCILLA J. 2310 N. ROLLING HILL RD. WILDWOOD, FL 34785	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MULLIN, ESTHER M 14500 SE 70TH RD SUMMERFIELD, FL 34492	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLIN, JERRY E. 14420 SE 94TH P.O. BOX 3523 SUMMERFIELD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLIN, DANIEL E. 707 POWELL ST WILDWOOD, FL 34785	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sanders Priscilla J <input type="checkbox"/> Change <input type="checkbox"/> Addition 9355 CR 17N Wildwood, FL 34785				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Priscilla J Sanders</u> Priscilla J Sanders <u>3/3/05</u> <u>352 347 5709</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					