


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90180 009 ****70.00

DOCUMENT # <i>N94000002787</i>	
1. Entity Name <i>Revelation of Jesus Christ Ministry</i>	

DO NOT WRITE IN THIS SPACE

50035992

2. Principal Place of Business <i>2736 Woodstock Ave.</i>	3. Mailing Address <i>P.O. Box 7</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Eaton Park Fla.</i>	City & State <i>Eaton Park, Fl.</i>	4. FEI Number <i>593309374</i>	Applied For Not Applicable
Zip <i>33840</i>	Country <i>Polk</i>	Zip <i>33840</i>	Country <i>Polk</i>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Catherine T. Byrd</i>
Street Address (P.O. Box Number is Not Acceptable) <i>4622 Devon Ave</i>
City <i>Lakeland</i>
State FL
Zip Code <i>33813</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Associate Pastor - - - - - (D) Dr. Joseph Byrd 4622 Devon Ave. Lakeland, Fl 33803</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pastor - - - - - (D) Catherine Byrd 4622 Devon Ave. Lakeland, Fl. 33803</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Elder Ruby Lyons - - (T)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Deacon - - - - - (T) marcus mattox 10915 N 28th Ave Tampa, Fl. 32412</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Minister - - - - - (D) Eva mattox 10915 N 28th Ave Tampa, Fl. 32412</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine T. Byrd* 3/27/05 863 648 9641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)