2/16/2006-90037-017-$70.00-$70.00

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

FILED
06 MAR 13 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002787

1. Entity Name

The Revelation of Jesus Christ Faith Outreach Ministry, Inc.

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60016537

2. Principal Place of Business	3. Mailing Address
2736 Woodstock Ave	P.O. Box 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eaton Park, Florida	City & State: Eaton Park FL.
Zip: 33840 Country: Polk	Zip: 33840 Country: Polk

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3309374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Cathering T. Byrd

Street Address (P.O. Box Number is Not Acceptable): 4622 Devon Ave

City: Lakeland FL Zip Code: 33813

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.

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor: Prophetess Cathy Byrd Cathy Byrd 4622 Devon Ave (P) Lakeland, FL. 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Associate Pastor (P) Joseph Byrd 4622 Devon Ave Lakeland, FL. 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elder (E) Ruby Lyons P.O. Box 7 Eaton Park FL. 33840
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Minister (M) Eva mattox 10915 N 28th St Tampa, FL. 33612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon (D) Marcus mattox 10915 N 28th St Tampa, FL 33612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	03/14

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CR2E037B (12/01)

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: Cathering T. Byrd 2-12-06 863 648-9644
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #