


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002787		
1. Entity Name THE REVELATION OF JESUS CHRIST FAITH OUTREACH MINISTRY, INC.		
Principal Place of Business 2736 WOODSTOCK AVE. EATON PARK, FL 33840	Mailing Address P.O. BOX 7 EATON PARK, FL 33840	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BYRD, CATHERINE T 4622 DERON AVE LAKELAND, FL 33813		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BYRD, CATHY 4622 DEVON AVE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BYRD, JOSEPH 4622 DERON AVE LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	E LYONS, RUBY ELDER P.O. BOX 7 EATON PARK, FL 33840	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MATTOX, EVA 10915 N 28TH AVE TAMPA, FL 32412	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTOX, MARCUS 10915 N 28TH AVE TAMPA, FL 32412	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Catherine T. Byrd</u> <u>4/15/07</u> <u>863 606 0151</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3309374	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80004-019 70.00