

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004080

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** REVIVAL MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

3738 RIVER INTERNATIONAL DR  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 292888  
TAMPA, FL 33687 US

**New Mailing Address:**

**FEI Number:** 59-3273513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD-BROWNE, RODNEY M DR.  
16057 TAMPA PALMS BLVD. W. SUITE 209  
TAMPA, FL 33647 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  
Name: HOWARD-BROWNE, RODNEY M DR  
Address: 16057 TAMPA PALMS BLVD W. #209  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: HOWARD-BROWNE, ADONICA  
Address: 16057 TAMPA PALMS BLVD W. #209  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: NICHOLS, ROBERT B REV  
Address: 1600 W. 5TH ST  
City-St-Zip: FORT WORTH, TX 76102

Title: MR  
Name: HOOPER, JEFFREY R  
Address: 3245 S ATLANTIC AVE RRBC 803  
City-St-Zip: DAYTONA, FL 32118 US

Title: MR  
Name: WILLIS, SCOTT  
Address: 5372 COTTAGE VIEW CT  
City-St-Zip: LIBERTY TOWNSHIP, OH 45011

I hereby 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 all other like empowered.

SIGNATURE: BEN KROESKE

MR

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date