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NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000005841 (0)

May 05 1998 8:00am Secretary of State

FILED

Principal Place	TH REVIVAL CENTER MIN	ISTRIES, INC. Mailing Address		
910 TROPIC ST TITUSVILLE FL		910 TROPIC ST. TITUSVILLE FL 32780		3. Date Incorporated or Qualified 11/27/1995
				4. FEI Number Applied For
				59-3354665 Not Applicat
21	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, Btc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	9	City & State		7. Is this nonprofit corporation a homeowners association?
23		28		Yes No
Zip	Country	Žip	Country	8. This corporation owes or has paid the current year Intangible
24	26	29	30	Personal Property Tax due June 30. Yes Vo
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
			81 Name	
	Y, JAMES W JR.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
	TOWNE PLACE		83	
TITUSVI	LLE FL 327 9 8		63	
			84 City	85 Zip Code
44 6	(a the (4.7 OF	00 4643 4500 51		FL 2 2
office or re	egistered agent, or both, in the Stat	a of Florida Cuch change w	atoros, and appears manner at	
	m familiar with, and accept the obliq	gations of, Section 617.0503	as authorized by the corpo , Florida Statutes.	orporation submits this statement for the purpose of changing its registers ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	gent and little if applicable. (NOTE: Registered Agent signature re-	quired when reinstaing) DATE
SIGNATURE _	Signature, typed or printed name of registered ac	gent and title if applicable. (NOTE: Registered Agent signature re-	quired when reinstaing) OATE APPITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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Indicated on this annual report or supplied with this ming closs not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the informatio indicated on this annual report or supplemental annual 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(401) 267-7515