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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004532 (5)**

1. Corporation Name

REVELATION MINISTRIES, INC.

Principal Place of Business

Mailing Address

5300 NW 33 AVE
217
FORT LAUDERDALE FL 33309
US

5300 NW 33 AVE
217
FORT LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified

08/29/1996

4. FEI Number

65-0694890

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DEAN, RICHARD W~~
~~6363 N.W. 6TH WAY~~
~~SUITE 210~~
~~FORT LAUDERDALE FL 33309~~

81 Name John C. Downs

82 Street Address (P.O. Box Number is Not Acceptable)
5300 NW 33 Ave Suite 217

83 Ft. Lauderdale, FL 33309

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

John Charles Downs

John Charles Downs

1/7/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME NOBLETT, KIM REV.
STREET ADDRESS 6363 NW 6TH WAY, STE 210
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ DELETE
NAME JOHNSON, ALAN TRAVIS
STREET ADDRESS ~~6363 NW 6TH WAY, STE 210~~
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33309~~

TITLE ☐ DELETE
NAME JOHNSON, SARA D
STREET ADDRESS ~~6363 NW 6TH WAY, STE 210~~
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33309~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 859 NE 33 Street
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33334

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 859 NE 33 Street
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33334

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan T. Noble

CR2E037 (10/97)