2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90049 047 ****61.25

DOCUMENT # N96000004532

1. Entity 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 33334-2713 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1881 N. University Dr	1881 N. University Dr
Suite, Apt. #, etc.: 107	Suite, Apt. #, etc.: 107
City & State: Coral Springs FL	City & State: Coral Springs FL
Zip: 33071 Country: US	Zip: 33071 Country: US

4. FEI Number: 65-0694890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN C DOWNS 5300 NW 33 AVE STE 217 SUITE 210 FT LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable): 1881 N. University Dr. Suite 107 City: Coral Springs, FL Zip Code: 33071

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLETT, KIM REV. 6363 NW 6TH WAY, STE 210 FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ALAN TRAVIS 859 NE 33 ST FT LAUDERDALE FL 3334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, SARA D 859 NE 33 ST FT LAUDERDALE FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: alan travis SIGNATURE REQUIRED 2-11-00 954-566-7043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #