


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000600743 1. Entity Name COMMUNITY REVIVAL CENTER APOSTOLIC, INC.	
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Principal Place of Business 1964 MCQUADE STREET JACKSONVILLE, FL 32209	Mailing Address P.O. BOX 61883 JACKSONVILLE, FL 32236
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3000424	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ADAMS, SR., ARTHUR L PASTOR 6030 SUDBURY AVENUE JACKSONVILLE, FL 32210

**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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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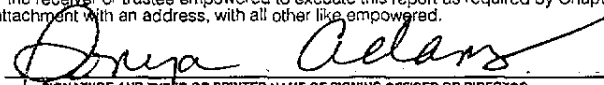
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, SR., ARTHUR L 6030 SUDBURY AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ADAMS, SONYA 11050 HARTS RD #1903 JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTTON, ARVIS 4115 ORIELY DRIVE WEST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEDLOCK, ANTHONY 7395 HIGH BLUFF RD. NORTH JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTTON, CARA 4115 ORIELY WEST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, JANICE 5321 MISSOURI AVE JACKSONVILLE, FL 32254

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IN THIS SPACE**

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02/02/05-80100-015 70.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/31/05</u> <small>Daytime Phone #</small>
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