

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# N97000002560

Entity Name: MINISTRIES PROMOTING REVIVAL INC.

Current Principal Place of Business:

NAVARRE CHAPEL AND ACADEMY
2114 BRAND CT.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

NAVARRE CHAPEL AND ACADEMY
2114 BRAND CT.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHER, ROBERT R
2122 BRAND CT.
NAVARRE, FL 32566 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 () Delete
Name: ARCHER, MARJORIE
Address: 2122 BRAND CT.
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: SEGARS, VINCENT
Address: 150 KUULER RD
City-St-Zip: KAILUA, HI 96734

Title: D () Delete
Name: SEGARS, ALISA
Address: 150 KUULER RD
City-St-Zip: KAILUA, HI 96734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT R.ARCHER

DIRE

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date