

DOCUMENT # N97000002737

1. Entity Name  
GENTLE SPIRIT'S REVIVAL, INC.

Principal Place of Business  
PO BOX 1951  
ANNA MARIS-FL 34216  
MARIA

Mailing Address  
PO BOX 1951  
ANNA MARIS-FL 34216  
MARIA

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

FILED  
Jan 16, 2001 8:00 am  
Secretary of State  
01-16-2001 90046 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0758463  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MCWHORTER, RHONDA S  
4114 19TH AVENUE WEST  
BRADENTON FL 34205

7. Name and Address of New Registered Agent  
Name ROBBIE L. LEECH  
Street Address (P.O. Box Number is Not Acceptable)  
710 JACARANDA RD  
City ANNA MARIA FL Zip Code 34216

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 Robbie L. Leech  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LEECH, ROBBIE L	POST OFFICE BOX 1937	ANNA MARIA FL 34216	<input type="checkbox"/>
D	RICKERT, KITTY	506 63RD ST.W	BRADENTON FL 34209	<input type="checkbox"/>
D	WILMORE, BEV	6500 FLOTILLA DRIVE, #172	BRADENTON BEACH FL 34217	<input type="checkbox"/>
D	GARCIA, ELOISA	501 ST ANDREWS DRIVE	SARASOTA FL 34243	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
T	SUSAN BROWNEWELL	PO BOX 737	ANNA MARIA, FL 34216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	GRETTE WALKER	3405 47th AVE E	BRADENTON FL 34203	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Robbie L. Leech  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBBIE L. LEECH Date 1/6/01 9417789203 Daytime Phone #

CR2E037 (10/00)