2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002737

Entity Name: GENTLE SPIRIT'S REVIVAL, INC.

FILED Mar 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 14351 6507 RIVERVIEW BLVD. BRADENTON, FL 34280 BRADENTON, FL 34209 **Current Mailing Address: New Mailing Address:** PO BOX 14351 BRADENTON, FL 34280 FEI Number: 65-0758463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEECH, ROBBIE L 6507 RÍVERVIEW BLVD BRADENTON, FL 34209 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LEECH, ROBBIE L LEECH, ROBBIE L Name: Name: Address: POST OFFICE BOX 1937 Address: 6507 RIVERVIEW BLVD City-St-Zip: ANNA MARIA, FL 34216 City-St-Zip: BRADENTON, FL 34209 Title: Title: D () Delete (X) Change () Addition Name: RICKERT, KITTY Name: DOVE, AMY Address: 506 63RD ST W Address: 6920 12TH AVE. NW City-St-Zip: BRADENTON, FL 34209 City-St-Zip: BRADENTON, FL 34209 Title: () Delete Title: () Change () Addition TOOMBS, LYNN B Name: Name: Address: 1817 4TH ST. WEST Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: () Delete Title: Title: () Change () Addition WENNBERG, DOREEN Name: Name: 8003 WOODLAWN CIR. S Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBBIE L. LEECH PD 03/08/2004