

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005444

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: REVELATION OF JESUS CHRIST MINISTRIES INC.

**Current Principal Place of Business:**

4607 POWERLINE ROAD  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

4550 NW 26TH ST  
LAUDERHILL, FL 33313

**New Mailing Address:**

FEI Number: 65-0782800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOORE, BOBBY SR  
4550 NW 26TH ST  
LAUDERHILL, FL 33313      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: PD ( ) Delete  
Name: MOORE, BOBBY SR  
Address: 4550 NW 26TH ST  
City-St-Zip: LAUDERHILL, FL 33313

Title: VTD ( ) Delete  
Name: MOORE, LAQUIE  
Address: 4550 NW 26TH ST  
City-St-Zip: LAUDERHILL, FL 33313

Title: SD ( ) Delete  
Name: MCCLOVER, LORRAINE S  
Address: 4550 NW 26TH ST  
City-St-Zip: LAUDERHILL, FL 33313

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: MCCLOVER, LORRAINE S  
Address: 2201 NORTH WEST 49 AVE.  
City-St-Zip: LAUDERHILL, FL 33313

Title: MEMB ( ) Change (X) Addition  
Name: WATERS, HELEN MOTHER  
Address: 651 NORTH WEST 24 AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: MEMB ( ) Change (X) Addition  
Name: HARRIS, DELICA MEMBER  
Address: 3492 NORTH WEST 39 AVE.  
City-St-Zip: LAUDERDALE LAKES, FL 33309

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: LAQUIE MOORE

VTD

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date