2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N98000006041

Entity Name: OUTREACH REVIVAL CENTER, INC.

Current Principal Place of Business:

1135 BRIDGES RD.
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

1125 BRIDGES RD
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 59-3570425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASKINS, NORMAN
1125 BRIDGES RD.
POLK CITY, FL 33868 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: GASKINS, NORMAN
Address: 1125 BRIDGES RD.
City-St-Zip: POLK CITY, FL 33868

Title: VD ( ) Delete
Name: GASKINS, SHERRY
Address: 1125 BRIDGES RD.
City-St-Zip: POLK CITY, FL 33868

Title: TD ( ) Delete
Name: BONNY, MARVIN
Address: 802 PINE RD
City-St-Zip: AUBURNDALE, FL 33868

Title: S ( ) Delete
Name: CLAY, LEANN
Address: 1505 N.E. 14TH ST.
City-St-Zip: WINTER HAVEN, FL 33881

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:

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: (PASTOR) NORMAN GASKINS MR. 04/07/2009
Electronic Signature of Signing Officer or Director — Date