

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006041

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: NORMAN F. GASKINS

MR.

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date