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<p>NONPROFIT CORPORATION ANNUAL REPORT 1999</p>		<p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # N98000006620

1. Corporation Name

PLANET REVIVAL, INTERNATIONAL MINISTRIES OF EVANGELISM, INCORPORATED

Principal Place of Business

4058 57TH AVE N
ST PETERSBURG FL 33714-1199

Mailing Address

4058 57TH AVE N
ST PETERSBURG FL 33714-1189



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561204 - 90082 - 2



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4441 PARK BLVD	26	4441 PARK BLVD	11/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3572256	
City & State		City & State		Applied For	
23	PINELLAS PARK, FL	28	PINELLAS PARK, FL	Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24	33781	29	33781	Country	
25	USA	30	USA	6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

HENSON, MICHAEL D
4058 57TH AVE N
ST PETERSBURG FL 33714-1199

81	Name	Monica E. Henderson
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82	Street Address (P.O. Box Number is Not Acceptable)
	10910 3120 ST NORTH

84	City	ST PETERSBURG, FL	85	Zip Code	33702
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE MAUREA D. JENSON

NOTE: Registered Agent signature required when renewing!

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MOMCA E. HENSON <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6910 3RD ST N	1.2 NAME	MOMCA E. HENSON
STREET ADDRESS	ST PETERSBURG, FL 33702	1.3 STREET ADDRESS	6910 3RD ST N
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	MICHAEL D. HENSON <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6910 3RD ST N	2.2 NAME	JOHN W. HENSON
STREET ADDRESS	ST PETERSBURG, FL 33702	2.3 STREET ADDRESS	5 THOMPSON LN
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PHENIX CITY, AL 36870
TITLE	LANIA M. LIDEN <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6910 3RD ST N	3.2 NAME	ANTHONY ROUSONELOS
STREET ADDRESS	ST PETERSBURG, FL 33702	3.3 STREET ADDRESS	2408 28TH ST N
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE		4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	MICHAEL D. HENSON
STREET ADDRESS		4.3 STREET ADDRESS	6910 3RD ST N
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE		5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MILDRED J. HENSON
STREET ADDRESS		5.3 STREET ADDRESS	5 THOMPSON LN
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PHENIX CITY, AL 36870
TITLE		6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LANIA M. LIDEN
STREET ADDRESS		6.3 STREET ADDRESS	6910 3RD ST N
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone #

CR2E037 (11/08)