

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006620

1. Entity Name

PLANET REVIVAL, INTERNATIONAL MINISTRIES OF EVAN

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90015 037 ****61.25

Principal Place of Business

4441 PARK BLVD
 PINELLAS PARK FL 33781

Mailing Address

4441 PARK BLVD
 PINELLAS PARK FL 33781

2. Principal Place of Business

6910 3RD ST N
 Suite, Apt. #, etc.

3. Mailing Address

6910 3RD ST N
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

4. FEI Number

59-3572256

Applied For

Not Applicable

Zip

33702

Country

USA

Zip

33702

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MONICA
 HENSON, MONICS E
 6910 3RD ST NORTH
 SAINT PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name: MONICA E. HENSON
 Street Address (P.O. Box Number is Not Acceptable):
 6910 3RD ST N
 ST PETERSBURG
 City: FL Zip Code: 33702

8. 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

Monica E. Henson

9.10.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	NAME	HENSON, MONICS E MONICA	<input type="checkbox"/> Delete
STREET ADDRESS	6910 3RD ST NORTH			
CITY-ST-ZIP	SAINT PETERSBURG FL 33702			
TITLE	DS	NAME	HENSON, MICHAEL D	<input type="checkbox"/> Delete
STREET ADDRESS	6910 3RD ST N			
CITY-ST-ZIP	SAINT PETERSBURG FL 33702			
TITLE	D	NAME	LIDEN, LENIA M	<input type="checkbox"/> Delete
STREET ADDRESS	6910 3RD ST N			
CITY-ST-ZIP	SAINT PETERSBURG FL 33702			
TITLE	D	NAME	HENSON, MILDRED J	<input type="checkbox"/> Delete
STREET ADDRESS	5 THOMPSON LN			
CITY-ST-ZIP	PHENIX CITY AL 36870			
TITLE	VP	NAME	HENSON, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	5 THOMPSON LN			
CITY-ST-ZIP	PHENIX CITY AL 36870			
TITLE	T	NAME	ROUSONELOS, ANTHONY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2900 28TH ST N			
CITY-ST-ZIP	SAINT PETERSBURG FL 33714			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	J	NAME	JOHN MICHAEL HENSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5 THOMPSON LN			
CITY-ST-ZIP	PHENIX CITY, AL 36870			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Monica E. Henson

9.10.00 (727)5284809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)