

2000 UNIFORM BUSINESS REPORT (UBR)

5/22

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-22-2000 90003 018 ****61.25

DOCUMENT # N99000003944

1. Entity Name

REVIVAL FIRE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2603 NW 13TH ST PMB 344
GAINESVILLE FL 32609

2603 NW 13TH ST PMB 344
GAINESVILLE FL 32609-2835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3582718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIMONIC, NICHOLAS T
8750 PERIMETER PARK BLVD
JACKSONVILLE FL 32216

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 Nicholas T Simonic

3-29-00

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D President, Director ☐ Delete

NAME Patrick S Murphy
STREET ADDRESS 2603 NW 13th St, #344
CITY-ST-ZIP Gainesville, FL 32609

TITLE D Secretary/Treasurer/Vice-Pres ☐ Delete

NAME Michelle Murphy
STREET ADDRESS 2603 NW 13th St, #344
CITY-ST-ZIP Gainesville, FL 32609

TITLE D Director ☐ Delete

NAME Mike Hinson
STREET ADDRESS 8900 NW 136 Ave Rd
CITY-ST-ZIP Ocala, FL 34482

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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: Michelle Murphy
SECRETARY/TREASURER

3-29-00 405-202-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CFR2037 (9/99)