

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007328

1. Entity Name  
**MATTOX REVIVAL CENTER MINISTRIES, INCORPORATED**

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**  
03-09-2000 90104 048 \*\*\*\*61.25

Principal Place of Business	Mailing Address
7928 MATTOX AVE. JACKSONVILLE FL 32219	7928 MATTOX AVE. JACKSONVILLE FL 32219

2. Principal Place of Business 7928 Mattox Ave Suite, Apt. #, etc.	3. Mailing Address 7928 Mattox Ave Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Jacksonville FL 32219	City & State Jacksonville FL 32219	4. FEI Number 593582862	Applied For <input type="checkbox"/> Not Applicable
Zip 32219	Country USA	Zip 32219	Country USA
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROUSE, THOMAS D III 5234 KNOX RD. JACKSONVILLE FL 32205		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Thomas D Rouse Pastor DATE 3-7-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROUSE, THOMAS D II 5234 KNOX RD. JACKSONVILLE FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKINNEY, VAN J 3335 ARDISIA RD. N. JACKSONVILLE FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROUSE-KENNEBREW, CONNIE 4817 EVANSTON RD. JACKSONVILLE FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Annie D. Rouse 3335 Ardisia Rd Jacksonville Fla 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 [Signature] DATE 3-7-00 DAYTIME PHONE # (904) 766-9767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)