

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000007328**

1. Entity Name

MATTOX REVIVAL CENTER MINISTRIES, INCORPORATED

Principal Place of Business

7928 MATTOX AVE.
JACKSONVILLE FL 32219

Mailing Address

7928 MATTOX AVE.
JACKSONVILLE FL 32219

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

59-3582862

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROUSE, THOMAS D III
5234 KNOX RD.
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ROUSE, THOMAS D II
5234 KNOX RD.
JACKSONVILLE FL 32205** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCKINNEY, VAN J
3335 ARDISIA RD-N 1045 Scribes St
JACKSONVILLE FL 32209** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ROUSE-KENNEBREW, CONNIE
4817 EVANSTON RD.
JACKSONVILLE FL 32208** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ROUSE, ANNIE D
3335 ARDISIA RD-N 7846 Erwill St
JACKSONVILLE FL 32209 32219** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 *Thomas D Rouse* *4/28/01* *(904)766-9767***FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90010 033 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)