

2002 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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	ROUSE, THOMAS D II	
STREET ADDRESS	5234 KNOX RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

TITLE	T	<input type="checkbox"/> Delete
NAME	MCKINNEY, VAN J	
STREET ADDRESS	1045 SCRIVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE	T	<input type="checkbox"/> Delete
NAME	ROUSE-KENNEBREW, CONNIE	
STREET ADDRESS	4817 EVANSTON RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	T	<input type="checkbox"/> Delete
NAME	ROUSE, ANNIE D	
STREET ADDRESS	7846 ERNWILL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32219	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mckinney, Van J	
STREET ADDRESS	7846 Ernwill Street	
CITY-ST-ZIP	Jax Fla 32219	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rouse-Kennebrew, Connie	
STREET ADDRESS	62 Address St	
CITY-ST-ZIP	Jax Fla 32208	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED**7/28/02****FILED**
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90379 002 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)