


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90002 010 ****61.25

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		Country		07042004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3582862				Applied For <input type="checkbox"/> Not Applicable	
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 Thomas D Rouse Street Address (P.O. Box Number is Not Acceptable) 10742 Pinholster Rd City Jacksonville FL 32218		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
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 10742 PINHOLSTER RD. JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas D Rouse III 10742 Pinholster Rd Jax FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKINNEY, VAN J 259 W. 66TH ST. JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Connie Rouse-Kennebrew - Parker 444 West 62nd Street Jax FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROUSE-KENNEBREW, CONNIE 62 ANDRESS STREET JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROUSE, ANNIE D 7846 ERNWILL STREET JACKSONVILLE, FL 32219		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: <u>Thomas D Rouse</u> Thomas D Rouse 7/4/04 (904) 766-9767 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

34068382

