2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2006
Secretary of State

DOCUMENT# N99000007328

Entity Name: MATTOX REVIVAL CENTER MINISTRIES, INCORPORATED

Current Principal Place of Business:

7928 MATTOX AVE.
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

7928 MATTOX AVE.
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3582862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROUSE, THOMAS D
10742 PINHOLSTER RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROUSE, THOMAS D III
Address: 10742 PINHOLSTER RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: KENNEREW-PARKER, CONNIE R
Address: 444 WEST 62ND STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: MCKINNEY, VAN J
Address: 8603 NASSAU ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: ROBINSON, JACKIE R
Address: 1920 RIBAULT SC. DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: MINGO, GIRLEANER
Address: 62 ANDRESS STREET
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MCKINNEY, VAN J
Address: 1057 BACALL
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D ROUSE P 09/03/2006

Electronic Signature of Signing Officer or Director — Date