

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006303

**FILED**  
**Apr 12, 2019**  
**Secretary of State**  
**8379897577CC**

**Entity Name:** REVIVAL FIRE DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

2590 SW ABNEY STREET  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

P.O. BOX 610757  
VERO BEACH, FL 32961

**FEI Number:** 20-3060045

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THORPE, DENISE  
2590 SW ABNEY STREET  
PORT ST LUCIE, FL 34953 US

*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

**Officer/Director Detail :**

Title DP  
Name THORPE, DENISE  
Address P. O. BOX 610757  
City-State-Zip: VERO BEACH FL 32961

Title DT  
Name WILLIAMS, CECILE  
Address 2302 SW 11TH COURT  
City-State-Zip: VERO BEACH FL 32962

Title DVP  
Name VALERIE, GRIER N  
Address 1343 CLEARBROOK ST  
City-State-Zip: SEBASTIAN FL 32958

*I hereby 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 all other like empowered.*

**SIGNATURE:** DENISE THORPE

PASTOR

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date