## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000279

Entity Name: REVIVAL LIFE MINISTRIES, INC.

**Current Principal Place of Business:** 

4670 LINKS VILLAGE DRIVE UNIT C304

PONCE INLET, FL 32127

**Current Mailing Address:** 

P.O. BOX 1844

DELAND, FL 32721 US

FEI Number: 26-4038480 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RADFORD, JOSHUA 4970 LINKS VILLAGE DRIVE UNIT C304 PONCE INLET, FL 32127 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:

City-State-Zip:

Name

Electronic Signature of Registered Agent

Date

**FILED** Apr 23, 2024

**Secretary of State** 

5262720697CC

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

RADFORD, JOSHUA Name Name HIGHTSHOE, JAMES

4670 LINKS VILLAGE DRIVE 4242 W. RIVERSIDE BLVD Address Address

UNIT C304 City-State-Zip: **ROCKFORD ILLINOIS 61101** 

PONCE INLET FL 32127 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

Name KENNETH, ALBIN Name MONTANO, FERMIN M Address P. O. BOX 551661

17451 LAKERIDGE DR. Address City-State-Zip: FT LAUDERDALE FL 33355

Title TREASURER, VP

RADFORD, LORI Address 4670 LINKS VILLAGE DRIVE

CANYON TX 79015

UNIT C304

City-State-Zip: PONCE INLET FL 32127

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: JOSHUA RADFORD **PRESIDENT** 

04/23/2024

Date