

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003224

Entity Name: REVIVE MINISTRY CENTER, INC.

Current Principal Place of Business:

821 W. MINNEOLA AVE
CLERMONT, FL 34711

Current Mailing Address:

P.O BOX 121237
CLERMONT, FL 34712 US

FEI Number: 90-0811322

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TEGELHUTTER, JAMES
4456 HARTS COVE WAY
CLERMONT, FL 34711 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: JAMES TEGELHUTTER

03/30/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name TEGELHUTTER, JAMES L
Address 4456 HARTS COVE WAY
City-State-Zip: CLERMONT FL 34711

Title V
Name HALVORSEN, MARK
Address 6599 OLD CARRIAGE ROAD
City-State-Zip: WINTER GARDEN FL 34787

Title T
Name CHANDLER, TONY
Address 3988 BEACON RIDGE WAY
City-State-Zip: CLERMONT FL 34711

Title S
Name TEGELHUTTER, MONIQUE
Address 4456 HARTS COVE WAY
City-State-Zip: CLERMONT FL 34711

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: MONIQUE TEGELHUTTER

SECRETARY

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date