

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007473

**Entity Name:** CHURCH OF THE REVELATION, INC.

**Current Principal Place of Business:**

9393 MIDNIGHT PASS ROAD  
SUITE N206  
SARASOTA, FL 34242

**Current Mailing Address:**

9393 MIDNIGHT PASS ROAD  
SUITE N206  
SARASOTA, FL 34242 US

**FEI Number:** 47-1675391

**Certificate of Status Desired:** No

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

FIELDS, GEORGE JR.  
9393 MIDNIGHT PASS ROAD, SUITE N206  
SARASOTA, FL 34242 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 CD  
Name JARRETT, DEVON  
Address 8115 MOCASSIN TRAIL DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title D  
Name FIELDS, MELODY  
Address 9393 MIDNIGHT PASS ROAD, SUITE N206  
City-State-Zip: SARASOTA FL 34242

Title D  
Name COX, ELEANOR J  
Address 400 CORNER ROAD  
City-State-Zip: CHARLOTTE COURT HOUSE VA 23923

Title D  
Name JARRETT, CINDY  
Address 8115 MOCASSIN TRAIL DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title D  
Name FIELDS, GEORGE JR.  
Address 9393 MIDNIGHT PASS ROAD, SUITE N206  
City-State-Zip: SARASOTA FL 34242

*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:** GEORGE FIELDS, JR.

**DIRECTOR**

**03/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date