

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007328

**Entity Name:** MATTOX REVIVAL CENTER MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

7928 MATTOX AVE.  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

7928 MATTOX AVE.  
JACKSONVILLE, FL 32219

**FEI Number:** 59-3582862

**Certificate of Status Desired:** No

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

ROUSE, THOMAS D  
10742 PINHOLSTER RD  
JACKSONVILLE, FL 32218 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 P  
Name ROUSE, THOMAS DIII  
Address 10742 PINHOLSTER RD.  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name KENNEREW-PARKER, CONNIE R  
Address 329 BROWARD ROAD  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name MAYS, THERESA A  
Address 1057 BACALL  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name MINGO, GIRLEANER  
Address 62 ANDRESS STREET  
City-State-Zip: JACKSONVILLE FL 32208

*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: THERESA MAYS**

**ACCOUNTANT**

**03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date