

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90010 006 \*\*\*\*61.25



**DOCUMENT # 741434**  
 1. Entity Name  
**FAITH HEALING REVIVAL CENTER INC.**

Principal Place of Business: 7270 NE 138 TERRACE WILLISTON FL 32696 US  
 Mailing Address: 7270 NE 138 TERRACE WILLISTON FL 32696 US  
*MOVED TO 2008 NE 899 St. OLD TOWN FL 32680*

**40015245**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: *CENTER FAITH HEALING REVIVAL*  
 Suite, Apt. #, etc.: *2008 NE-899 St.*  
 City & State: *OLD TOWN FL 32680*  
 3. Mailing Address: *SAME*  
 Suite, Apt. #, etc.:  
 City & State:

4. FEI Number: **59-1855977**  
 Applied For:  Not Applicable

Zip: *32680* Country: *DIXIE*  
 Zip: *32680* Country: *USA*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARPENTER, THERESA V**  
**7270 NE 138 TERR**  
**WILLISTON FL 32696**

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Theresa V. Carpenter* DATE: *1-22-05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARPENTER, THERESA V	
STREET ADDRESS	7270 NE 138 TERRACE	<i>moved to</i>
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROOMS, DENNIS E	
STREET ADDRESS	P.O. BOX 412	
CITY-ST-ZIP	SYDNEY FL 33587	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROOMS, THERESA L	
STREET ADDRESS	P.O. BOX 412	
CITY-ST-ZIP	SYDNEY FL 32587	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUSH, EDNA	
STREET ADDRESS	401 NW 98 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA V. CARPENTER	
STREET ADDRESS	2008 NE 899 St	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	GROOMS DENNIS E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1320 SWILLEY RD (T)	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	THERESA L. GROOMS (S)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1320 SWILLEY RD (S)	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theresa V. Carpenter* DATE: *1-22-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #