


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90070 029 ****61.25

DOCUMENT # 741434			
1. Entity Name FAITH HEALING REVIVAL CENTER INC.			
Principal Place of Business 2008 N E 899 ST OLD TOWN, FL 32680 US		Mailing Address 2008 N E 899 ST OLD TOWN, FL 32680 US	
2. Principal Place of Business <i>2008 NE 899 St</i> Suite, Apt. #, etc.		3. Mailing Address <i>2008 NE 899 St.</i> Suite, Apt. #, etc.	
City & State <i>OLD-TOWN</i>		City & State <i>OLD-TOWN FL</i>	
Zip <i>32680</i>	Country <i>USA</i>	Zip <i>32680</i>	Country <i>USA</i>
4. FEI Number 59-1855977		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: <i>ROBERT JEROME McALLISTER</i> Street Address (P.O. Box Number is Not Acceptable): <i>2008 NE 899 St</i> City: <i>OLD TOWN</i> FL Zip Code: <i>32680</i>	
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: <i>Theresa V. Carpenter</i>		DATE: <i>Jan 16, 006</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, THERESA V 2008 N E 899 ST OLD TOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROOMS, DENNIS E 1320 SWILLEY RD PLANT CITY, FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROOMS, THERESA L 1320 SWILLEY RD PLANT CITY, FL-33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSH, EDNA 401 NW 98 TERRACE GAINESVILLE, FL 32691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> ROBERT JEROME McALLISTER <i>2008 NE 899 St</i> <i>OLD-TOWN FL 32680</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Theresa V. Carpenter P.O.</i>		DATE: <i>JAN. 16, 006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	