


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90018 044 ****61.55

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

40027031



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02162007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-1855977

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 MCALLISTER, ROBERT JEROME
 2008 NE 899 ST
 OLD TOWN, FL 32680

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

7. Name and Address of New Registered Agent
 Name Robert JEROME McAllister
 Street Address (P.O. Box Number is Not Acceptable)
2008 NE 899 ST
 City OLDTOWN FL Zip Code 32680

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 Robert JEROME McAllister Vice President DATE 2-21-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2007

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	2008 N E 899 ST	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROOMS, DENNIS E	
STREET ADDRESS	1320 SWILLEY RD	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROOMS, THERESA L	
STREET ADDRESS	1320 SWILLEY RD	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUSH, EDNA	
STREET ADDRESS	401 NW 98 TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32691	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCALLISTER, ROBERT JEROME	
STREET ADDRESS	2008 NE 899 ST	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESSI McALLISTER	
STREET ADDRESS	2008 NE 899 ST	
CITY-ST-ZIP	OLDTOWN, FL 32680	
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		
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 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: Robert JEROME McAllister DATE 2-21-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #