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 CARPENTER

Electronic Signature of Signing Officer/Director Detail

REGISTERED AGENT

04/12/2014

Officer/Director Detail :			
Title	Р	Title	SEC
Name	CARPENTER, THERESA V	Name	CARPENTER, JULIAN
Address	2008 N E 899 ST	Address	2008 N.E. 899 ST.
City-State-Zip:	OLD TOWN FL 32680	City-State-Zip:	OLD TOWN FL 32680
Title	D	Title	DIRECTOR
Name	GROOMS, THERESA L	Name	GROOMS, DENNIS
Address	1320 SWILLEY RD	Address	1320 SWILLY RD.
City-State-Zip:	PLANT CITY FL 33567	City-State-Zip:	PLANT CITY FL 33567

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: FAITH HEALING REVIVAL CENTER INC.

CARPENTER, THERESA V 2008 NE 899 ST OLD TOWN, FL 32680 US

SIGNATURE:

Current Mailing Address:

Current Principal Place of Business: FAITH HEALING REVIVAL CENTER INC.

DOCUMENT# 741434

2008 NE 899 ST OLD TOWN, FL 32680

2008 N E 899 ST OLD TOWN, FL 32680 US

FEI Number: 59-1855977

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT Apr 12, 2014 Secretary of State

Certificate of Status Desired: Yes

FILED

CC2113926538

Date

Date