

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741434

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC0216049525**

**Entity Name:** FAITH HEALING REVIVAL CENTER INC.

**Current Principal Place of Business:**

FAITH HEALING REVIVAL CENTER INC.  
2008 NE 899 ST  
OLD TOWN, FL 32680

**Current Mailing Address:**

2008 N E 899 ST  
OLD TOWN, FL 32680 US

**FEI Number:** 59-1855977

**Certificate of Status Desired:** Yes

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

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

03/15/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CARPENTER, THERESA V  
Address 2008 N E 899 ST  
City-State-Zip: OLD TOWN FL 32680

Title SEC  
Name CARPENTER, JULIAN  
Address 2008 N.E. 899 ST.  
City-State-Zip: OLD TOWN FL 32680

Title D  
Name GROOMS, THERESA L  
Address 1320 SWILLEY RD  
City-State-Zip: PLANT CITY FL 33567

Title DIRECTOR  
Name GROOMS, DENNIS  
Address 1320 SWILLY RD.  
City-State-Zip: PLANT CITY FL 33567

*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:** JULIAN CARPENTER

SEC

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date