


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002483
 1. Entity Name
 CHRISTIAN TEMPLE OF THE REVELATION, INC.



Principal Place of Business _____ Mailing Address _____
 1745 PEBBLEWOOD LANE 1745 PEBBLEWOOD LANE
 HOFFMAN ESTATES, IL 60195 HOFFMAN ESTATES, IL 60195



DO NOT WRITE IN THIS SPACE

01052005 No Chg-NP CR2E037 (10/03)
 4. FEI Number 36-3925269 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 VERY, LUCILLE M
 890 SUN ACRES LANE
 BOYNTON BEACH, FL 33436

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VERY, PHILIP STEARNS
STREET ADDRESS	1745 PEBBLEWOOD LANE
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195
TITLE	VP
NAME	MCGRATH, JOSEPH
STREET ADDRESS	1745 PEBBLEWOOD LANE
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195
TITLE	S
NAME	VERY, LUCILLE M
STREET ADDRESS	1745 PEBBLEWOOD LANE
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195
TITLE	T
NAME	MCGRATH, BEVERLY J
STREET ADDRESS	1745 PEBBLEWOOD LANE
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000192740
 01/25/05-80031-008 61.25
 U00000192740
 01/25/05-80031-009 8.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Beverly J. McGrath Treasurer 1-15-05 847-359-8387
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #