

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

DOCUMENT# F04000002483

**Entity Name:** CHRISTIAN TEMPLE OF THE REVELATION, INC.

**Current Principal Place of Business:**

1745 PEBBLEWOOD LANE  
HOFFMAN ESTATES, IL 60195

**New Principal Place of Business:**

**Current Mailing Address:**

1745 PEBBLEWOOD LANE  
HOFFMAN ESTATES, IL 60195

**New Mailing Address:**

**FEI Number:** 36-3925269      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VERY, LUCILLE M  
890 SUN ACRES LANE  
BOYNTON BEACH, FL 33436      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: VERY, PHILIP STEARNS  
Address: 1745 PEBBLEWOOD LANE  
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: VP      ( ) Delete  
Name: MCGRATH, JOSEPH  
Address: 1745 PEBBLEWOOD LANE  
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: S      ( ) Delete  
Name: VERY, LUCILLE M  
Address: 1745 PEBBLEWOOD LANE  
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: T      ( ) Delete  
Name: MCGRATH, BEVERLY J  
Address: 1745 PEBBLEWOOD LANE  
City-St-Zip: HOFFMAN ESTATES, IL 60195

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: VERY, PHILIP S  
Address: 1745 PEBBLEWOOD LANE  
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: VP      (X) Change ( ) Addition  
Name: CREAMER, RON  
Address: 1745 PEBBLEWOOD LANE  
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEVERLY J. MCGRATH

T

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date