2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

May 02, 2003 8:00 am Secretary of State DOCUMENT # **N11112** 05-02-2003 90145 032 ****61.25 NEW REVELATION INTERNATIONAL, INC. Mailing Address Principal Place of Business 838 WANETA AVENUE P.O. BOX 974 11033013 LAKELAND FL 33815 LAKELAND FL 33802 2. Principal Place of Business 3. Mailing Address P.a. Box Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3043224 Not Applicable AKELAND Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ጓ ን ያስ ን <u>Polk</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENTLEY, ANDREA R Street Address (P.O. Box Number is Not Acceptable) 7118 HILEMAN DR. WEST HILEMAN **LAKELAND FL 33812** City Zip Code 33810 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 - ZYA (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE Change ☐ Addition TITLE ☐ Delete BENTLEY, Andrea R 7118 Hileman Dr West NAME BENTLEY, ANDREA R NAME 838 WANETA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP KEland 33810 TIT! F TITLE ☐ Delete BENTLEY, JOHNNY L NAME NAME STREET ADDRESS 7118 HILEMAP DR. W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dr. West L'AKELAND FL 33810 Addition TITLE-Delete TITLE ROBINSON, JANTINA NAME NAME 1820 W BELLA VISTA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33805 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED