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JKK

335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF **JANUARY 1, 2006**  
CORPORATE NAME AND MAILING ADDRESS:

REVITALIZE. A GOSPEL OF BELIEVERS  
~~P O BOX 2122~~ 13-811 MALAMA ST.  
PAHOA HI 96778

02/18/2009 20195

If the above mailing address has changed, line out and print change to the right.  
If address of principal office differs from the above mailing address, state the address of principal office. Include City, State, and Zip Code: \_\_\_\_\_

1. The following is a brief description of the nature of activities which the corporation is actually conducting.

NATURE OF ACTIVITIES:

A RELIGIOUS AND SPIRITUAL SOCIETY (CHURCH) WHICH MEETS WEEKLY IN MEMBERS HOMES.

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. Street address of the registered office in Hawaii and the name of the registered agent at that address. (If any change, line out and print change on the right. See reverse for instructions.) After any changes made, the street addresses of its registered office and agent shall be identical.

LORAN LEE  
~~P O BOX 2122~~ 13-811 MALAMA ST.  
PAHOA HI 96778

2009 FEB 18 10:08 AM  
RECEIVED  
BUSINESS REGISTRATION  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

3. OFFICERS DIRECTORS (List all officers and directors. Every corporation must have a minimum of three directors.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
P/D	LEE, CECIL LORAN	13-811 MALAMA ST PAHOA HI 96778
V/D	RICHARDS, ROBIN	P O BOX 1827 PAHOA HI 96778
S/T/D	HILLMAN, GWEN	13-811 MAIAMA ST PAHOA HI 96778

NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report)

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

DATE: 2/15/09 Cecil Loran Lee P/D Cecil Loran Lee  
Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee  
Print Name  
(if the corporation is in the hands of a receiver or trustee)

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(SEE REVERSE SIDE FOR INSTRUCTIONS)

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