

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
335 Merchant Street

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

H SYL

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF JANUARY 1, 2011
CORPORATE NAME AND MAILING ADDRESS:

REVITALIZE, A GOSPEL OF BELIEVERS
~~13-811 MALAMA ST~~ P.O. Box 758
PAHOA HI 96778

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) MEETING WEEKLY IN MEMBERS HOMES.

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

2. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to. (If any change, line out and print change on the right. See reverse side for instructions.)

~~LORAN LEE~~ Jason Hester
~~13-811 MALAMA ST~~ P.O. Box 758
PAHOA HI 96778

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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/T/D	LSE, GEGIL LORAN Jason Hester	13-811 MALAMA ST PAHOA HI 96778 P.O. Box 758
W/S/D	RICHARDS, ROBIN	P.O. BOX 1827 PAHOA HI 96778
D	HAINES, JAMES Vacant	13-973 MALAMA ST PAHOA HI 96778
D	HESTER, JASON Vacant	P.O. BOX 758 PAHOA HI 96778
D	RITKE, RONN	13-811 MALAMA 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: 9-19-11
Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)
Jason Hester
Print Name

C/SYL

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(SEE REVERSE SIDE FOR INSTRUCTIONS)



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