

Robin Carnahan Secretary of State
2010 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 201023490427

N00062093

Date Filed: 08/22/2010

Robin Carnahan

Secretary of State

REPORT DUE BY: 08/31/2010

N00062093

THE REVIVAL NETWORK OF MINISTRIES AND CHURCHES

STEVE GRAY

9900 View High Drive

Kansas City, MO 64134

ORGANIZED UNDER THE LAWS OF:

Missouri

PRINCIPAL PLACE OF BUSINESS OR
CORPORATE HEADQUARTERS:

9900 View High Drive

STREET

Kansas City, MO

64134

CITY/STATE

ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐

The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW
REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐

The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW.

PRES Steven J Gray

STREET/RT 605 NW Riven Rock Trail

CITY/STATE/ZIP Lees Summit, MO 64081

V-PRES Kathy S Gray

STREET/RT 605 NW Riven Rock Trail

CITY/STATE/ZIP Lees Summit, MO 64081

SECY Thomas J Trout

STREET/RT 1313 NE Buttonwood Ave

CITY/STATE/ZIP Lees Summit, MO 64086

TREAS Thomas J Trout

STREET/RT 1313 NE Buttonwood

CITY/STATE/ZIP Lees Summit, MO 64086

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW.

NAME Thomas J Trout

STREET/RT 1313 NE Buttonwood Ave

CITY/STATE/ZIP Lees Summit, MO 64086

NAME Steven J. Gray

STREET/RT 605 NW Riven Rock Trail

CITY/STATE/ZIP Lees Summit, MO 64081

NAME Kathy S Gray

STREET/RT 605 NW Riven Rock Trail

CITY/STATE/ZIP Lees Summit, MO 64081

NAME Clifton Briscoe

STREET/RT 30 E. Pulaski

CITY/STATE/ZIP Shawnee, OK 74084

The undersigned understands that false statements made in this report are punishable for the crime of making a false
declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Kathy Gray

(Required)

Please print name and title of signer:

Kathy Gray

/

Vice President

NAME

TITLE

REGISTRATION REPORT FEE IS:

____ \$10.00 If filed on or before 8/31

____ \$15.00 If filed after 8/31

Corporation will be administratively dissolved if report is not
filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE,
BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL
INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

Robin Carnahan Secretary of State

2010 ANNUAL REGISTRATION REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

DIRECTOR

MIKE HENSLEY

603 LEISURE LANE

CARL JUNCTION, MO 64834