Robin Carnahan Secretary of State
2011-2012 BIENNIAL REGISTRATION REPORT
NONPROFIT

File Number: 201121481337
N00062093
Date Filed: 08/02/2011
Robin Carnahan
Secretary of State

☑ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

REPORT DUE BY: **08/31/2011**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00062093
THE REVIVAL NETWORK OF MINISTRIES AND CHURCHES
STEVE GRAY
9900 View High Drive
Kansas City, MO 64134

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
9900 View High Drive
STREET
Kansas City, MO **64134**
CITY/STATE ZIP

2 **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.

3

OFFICERS

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

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**
SEC'Y **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**

BOARD OF DIRECTORS

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

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**

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 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 S Gray** (Required)

Please print name and title of signer: **Kathy S Gray** / **Vice President**
NAME TITLE

REGISTRATION REPORT FEE IS:
____ $20.00 If filed on or before 8/31
____ $25.00 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
2011-2012 BIENNIAL REGISTRATION REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

DIRECTOR

BRENT RUDOSKI

637 UNIVERSITY DRIVE

SASKATOON, SASKATCHEWAN, CANADA, MO S7N0H8