

John R. Ashcroft Secretary of State
2017-2018 BIENNIAL REGISTRATION REPORT
NONPROFIT

N00062093
Date Filed: 7/10/2017
John R. Ashcroft
Missouri Secretary of State

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

*
SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: <u>8/31/2017</u>

N00062093
THE REVIVAL NETWORK OF MINISTRIES AND CHURCHES
STEVE GRAY
9900 VIEW HIGH DRIVE
KANSAS CITY MO 64134

1	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 9900 View High Drive (Required)
	STREET <u>Kansas City MO 64134</u>
	CITY / STATE <u>ZIP</u>

2	If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information. <input type="checkbox"/> 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. <input type="checkbox"/> 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). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>		A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>		* B
<u>PRESIDENT</u>	Gray, Steven J STREET 9900 View High Drive CITY/STATE/ZIP <u>Kansas City MO 64134</u>		<u>NAME</u>	Coupland, Tyler STREET 9900 View High Drive CITY/STATE/ZIP <u>Kansas City MO 64134</u>	
<u>SECRETARY</u>	Trout, Tom STREET 9900 View High Dr CITY/STATE/ZIP <u>Kansas City MO 64134</u>		<u>NAME</u>	Gray, Steven J STREET 9900 View High Drive CITY/STATE/ZIP <u>Kansas City MO 64134</u>	
<u>VICE PRESIDENT</u>	Gray, Kathy S STREET 9900 View High Drive CITY/STATE/ZIP <u>Kansas City MO 64134</u>		<u>NAME</u>	Gray, Kathy S STREET 9900 View High Drive CITY/STATE/ZIP <u>Kansas City MO 64134</u>	
			<u>NAME</u>	Rudoski, Brent STREET 9900 View High Drive CITY/STATE/ZIP <u>Kansas City MO 64134</u>	
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 576.060 RSMo. Photocopy or stamped signature not acceptable.		*
	Authorized party or officer sign here	<u>Steven J. Gray</u> (Required)	
	Please print name and title of signer:	<u>Steven J. Gray</u> / <u>President</u> NAME TITLE	

REGISTRATION REPORT FEE IS: ___\$20.00 If filed on or before 8/31/2017 ___\$25.00 If filed after 9/30/2017 Corporation will be administratively dissolved if report is not filed by 11/29/2019

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): _____