

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>	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 (Required) 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. <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.
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3	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW PRESIDENT Gray, Steven J STREET 9900 View High Drive CITY/STATE/ZIP Kansas City MO 64134 SECRETARY Trout, Tom STREET 9900 View High Dr CITY/STATE/ZIP Kansas City MO 64134 VICE PRESIDENT Gray, Kathy S STREET 9900 View High Drive CITY/STATE/ZIP Kansas City MO 64134 STREET CITY/STATE/ZIP	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW NAME Coupland, Tyler STREET 9900 View High Drive CITY/STATE/ZIP Kansas City MO 64134 NAME Gray, Steven J STREET 9900 View High Drive CITY/STATE/ZIP Kansas City MO 64134 NAME Gray, Kathy S STREET 9900 View High Drive CITY/STATE/ZIP Kansas City MO 64134 NAME Rudoski, Brent STREET 9900 View High Drive CITY/STATE/ZIP Kansas City MO 64134
	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

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): _____