



State of Missouri

Robin Carnahan, Secretary of State

Corporations Division
P.O. Box 1366
Jefferson City, Missouri 65102

File Number: 200909891232

X00545331

Date Filed: 04/08/2009

Expiration Date: 08/28/2014

Robin Carnahan

Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7.00)

(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

☐ New Registration ☒ Renewal X00545331 ☐ Amendment ☐ Correction
Charter Number Charter Number Charter Number

The undersigned is doing business under the following name, and at the following address:

Business name to be registered: World Revival Network of Ministries and Churches

Business address: 9900 VIEW HIGH DR
(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: KANSAS CITY MO 64134-2445

Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number, City and State, Zip Code	If listed, Percentage of ownership must equal 100%
World Revival Network of Ministries and Churches	X00545331	9900 VIEW HIGH DR KANSAS CITY, MO 64134-2445	

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

Electronically Signed By:	Steven Gray	Steven Gray	04/08/2009
	Authorized Signature	Printed Name	Date

Name and address to return filed document:

Name: _____

Address _____

City, State, and Zip Code: _____