

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30956

FILED
Jul 06, 2005
Secretary of State

Entity Name: SOUL HARVEST MIRACLE REVIVAL CENTER, INC.

Current Principal Place of Business:

301 N.E. 62ND ST
MIAMI, FL 33138

New Principal Place of Business:

2340 N.W. 184H STREET
MIAMI, FL 33056

Current Mailing Address:

2340 NW 184 ST
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0102828 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOLLINS, ESTELLA
2340 N.W. 184TH STREET
MIAMI, FL 33056 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALMER, CORA LEE
Address: 2340 NW 184TH STREET
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: HOLLINS, ESTELLA
Address: 2340 NW 184TH STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: TURNER, CINDY
Address: 301 NE 62 ST.
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: HOLLINS, ANNETTE P
Address: 2340 N.W. 184TH STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WILLIAMS, MARVENNETTE
Address: 1481 N.W. 55 TERR.
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORA PALMER

PD

07/06/2005

Electronic Signature of Signing Officer or Director

Date