2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# N30956

Entity Name: SOUL HARVEST MIRACLE REVIVAL CENTER, INC.

Current Principal Place of Business:

9 BAHIA PLACE LOOP
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

1928 VELMA STREET SE
ATLANTA, GA 30315

New Mailing Address:

FEI Number: 65-0102828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, ESTELLA
9 BAHIA PLACE LOOP
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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:	1928 VELMA STREET SE	
City-St-Zip:	ATLANTA, GA 30315	
Title:	STD	( ) Delete
Name:	FORD, ESTELLA	
Address:	9 BAHIA PLACE LOOP	
City-St-Zip:	OCALA, FL 34472	
Title:	D	( ) Delete
Name:	TURNER, CINDY	
Address:	2419 AYLESBURY LOOP APT 166	
City-St-Zip:	DECATUR, GA 30034	
Title:	D	( ) Delete
Name:	BRYANT, ANNETTE P	
Address:	1928 VELMA STREET SE	
City-St-Zip:	ATLANTA, GA 30315	
Title:	D	( ) Delete
Name:	WILLIAMS, MARVENNETTE	
Address:	1923 TURNER ROAD SE	
City-St-Zip:	ATLANTA, GA 30315	

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 exemption stated in Chapter 119, 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: ANNETTE BRYANT D 01/03/2008
Electronic Signature of Signing Officer or Director — Date