

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90298 033 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 706232

1. Entity Name

MIAMI REVIVAL CENTER, INC.

Principal Place of Business

Mailing Address

**1550 NE 172ND PLACE
 CITRA FL 32113**

**P O BOX 638
 CITRA FL 32113-0638**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6209525**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGLE, STANLEY E
 1550 NE 172ND PLACE
 CITRA FL 32113**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **FIFE, PEARL**
 STREET ADDRESS **1550 NE 172ND PL**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **INGLE, STANLEY E**
 STREET ADDRESS **1550 NE 172ND PL**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **INGLE, CAROLYN**
 STREET ADDRESS **1550 NE 172 PL**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **POSEY, TERRY L**
 STREET ADDRESS **1550 NE 172ND PL**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CLARK, KATIE M**
 STREET ADDRESS **1550 NE 172ND PL**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GOODMAN, ALFRED**
 STREET ADDRESS **1550 NE 172ND PL**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
TERRY L. POSEY

1/18/00

(352) 575-1905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)