

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90100 015 ****61.25

0006238

DOCUMENT # 706232

1. Entity Name

MIAMI REVIVAL CENTER, INC.

Principal Place of Business

1550 NE 172ND PLACE
 CITRA FL 32113

Mailing Address

P O BOX 638
 CITRA FL 32113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6209525

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **GOODMAN, ALFRED**
 Street Address (P.O. Box Number is Not Acceptable) **1550 NE 172ND PLACE**
 City **CITRA** FL Zip Code **32113**

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

Alfred Goodman

ALFRED GOODMAN

1/10/01

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	<input type="checkbox"/> Delete
NAME	FIFE, PEARL	
STREET ADDRESS	1550 NE 172ND PL	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	VD	<input type="checkbox"/> Delete
NAME	INGLE, STANLEY E	
STREET ADDRESS	1550 NE 172ND PL	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGLE, CAROLYN	
STREET ADDRESS	1550 NE 172 PL	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	ST	<input type="checkbox"/> Delete
NAME	POSEY, TERRY L	
STREET ADDRESS	1550 NE 172ND PL	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, KATIE M	
STREET ADDRESS	1550 NE 172ND PL	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, ALFRED	
STREET ADDRESS	1550 NE 172ND PL	
CITY-ST-ZIP	CITRA FL 32113	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR ONLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY L. POSEY, SECRETARY **1/10/01** **352595-1905**
 Date Daytime Phone #

CR2E037 (10/00)