

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 28, 2004  
Secretary of State**

DOCUMENT# 706232

Entity Name: MIAMI REVIVAL CENTER, INC.

**Current Principal Place of Business:**

1550 NE 172ND PLACE  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 638  
CITRA, FL 32113

**New Mailing Address:**

FEI Number: 59-6209525      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODMAN, ALFRED  
1550 NE 172ND PLACE  
CITRA, FL 32113      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: FIFE, PEARL,  
Address: 1550 NE 172ND PL  
City-St-Zip: CITRA, FL 32113

Title: D      ( ) Delete  
Name: INGLE, STANLEY E,  
Address: 1550 NE 172ND PL  
City-St-Zip: CITRA, FL 32113

Title: D      ( ) Delete  
Name: INGLE, CAROLYN  
Address: 1550 NE 172 PL  
City-St-Zip: CITRA, FL 32113

Title: ST      ( ) Delete  
Name: POSEY, TERRY L  
Address: 1550 NE 172ND PL  
City-St-Zip: CITRA, FL 32113

Title: D      ( ) Delete  
Name: CLARK, KATIE M  
Address: 1550 NE 172ND PL  
City-St-Zip: CITRA, FL 32113

Title: D      ( ) Delete  
Name: GOODMAN, ALFRED  
Address: 1550 NE 172ND PL  
City-St-Zip: CITRA, FL 32113

**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:

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: TERRY L POSEY

ST

01/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date