## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706232** 

Entity Name: MIAMI REVIVAL CENTER, INC.

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1550 NE 172ND PLACE 1550 NE 172ND PLACE CITRA, FL 32113 US

Current Mailing Address: New Mailing Address:

P O BOX 638 P O BOX 638

CITRA, FL 32113 CITRA, FL 32113 US

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

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

GOODMAN, ALFRED 1550 NE 172ND PLACE CITRA, FL 32113 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 GOODMAN, AL
 Name:
 GOODMAN, ALFRED

 Address:
 1550 NE 172ND PL
 Address:
 1550 NE 172ND PL

 City-St-Zip:
 CITRA, FL 32113
 City-St-Zip:
 CITRA, FL 32113 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: INGLE, STANLEY E Name: INGLE, STANLEY E

Address: 1550 NE 172ND PL Address: 1550 NE 172ND PL City-St-Zip: CITRA, FL 32113 City-St-Zip: CITRA, FL 32113 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: INGLE, CAROLYN Name: INGLE, CAROLYN

Address: 1550 NE 172 PL City-St-Zip: CITRA, FL 32113 City-St-Zip: CITRA, FL 32113 US

 $\label{eq:title:S/T} {\sf Title:} \qquad {\sf S/T} \qquad (\ ) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S/T} \qquad ({\sf X}) \ {\sf Change} \ (\ ) \ {\sf Addition}$ 

 Name:
 POSEY, TERRY L
 Name:
 POSEY, TERRY L

 Address:
 1550 NE 172ND PL
 Address:
 1550 NE 172ND PL

 City-St-Zip:
 CITRA, FL 32113
 City-St-Zip:
 CITRA, FL 32113 US

 Name:
 JEHLE, ARTHUR E
 Name:
 JEHLE, ARTHUR E

 Address:
 1550 NE 172ND PL
 Address:
 1550 NE 172ND PL

 City-St-Zip:
 CITRA, FL 32113
 City-St-Zip:
 CITRA, FL 32113 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HINSON, JOHN R
 Name:
 HINSON, JOHN R JR

 Address:
 19220 IMMOKALEE ROAD
 Address:
 19220 IMMOKALEE ROAD

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34120 US

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: TERRY L POSEY S/T 02/10/2009

Electronic Signature of Signing Officer or Director

Date