

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706232

FILED
Jan 15, 2012
Secretary of State

Entity Name: MIAMI REVIVAL CENTER, INC.

Current Principal Place of Business:

17420 NE 16TH TERRACE
CITRA, FL 32113 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 638
CITRA, FL 32113 US

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
17420 NE 16TH TERRACE
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: P
Name: GOODMAN, ALFRED
Address: 17420 NE 16TH TERRACE
City-St-Zip: CITRA, FL 32113 US

Title: VP
Name: INGLE, STANLEY E
Address: 17420 NE 16TH TERRACE
City-St-Zip: CITRA, FL 32113 US

Title: D
Name: INGLE, CAROLYN
Address: 17420 NE 16TH TERRACE
City-St-Zip: CITRA, FL 32113 US

Title: S/T
Name: POSEY, TERRY L
Address: 17420 NE 16TH TERRACE
City-St-Zip: CITRA, FL 32113 US

Title: D
Name: JEHLE, ARTHUR E
Address: 17420 NE 16TH TERRACE
City-St-Zip: CITRA, FL 32113 US

Title: D
Name: HINSON, JOHN R JR
Address: 19220 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34120 US

I hereby 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 all other like empowered.

SIGNATURE: TERRY L POSEY

S/T

01/15/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date