

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 710951 (5)**  
1. Corporation Name  
**MIRACLE REVIVAL CENTER, INC.**



Principal Place of Business Mailing Address  
**935 NW 49TH ST  
MIAMI FL 33127  
US**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** City & State  
**23** Zip **28** Country  
**24** **25** **29** **30**

3. Date Incorporated or Qualified **05/31/1966** 3a. Date of Last Report **03/08/1995**  
4. FEI Number **65-0134801** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

**FERDIE, AINSLEE R.  
717 PONCE DE LEON BLVD.  
SUITE 215  
CORAL GABLES FL 33134**

## 10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENKINS, CORA	
STREET ADDRESS	2990 N.W. 156 ST.	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAY, DORIS	
STREET ADDRESS	935 N.W. 49TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DOROTHY	
STREET ADDRESS	872 ASHBY PLACE	
CITY - ST - ZIP	ATLANTA GA 30314	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AVERY, WILLIAM	
STREET ADDRESS	2789 HEDGEWOOD DR. N.W.	
CITY - ST - ZIP	ATLANTA GA 30311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 1 or Block 23 if changed, or on an attachment with an address.

SIGNATURE:

*Doris Gray - Doris Gray* 1-19-96-30575413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)