


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # 714764</b>   |  |
| <b>1. Entity Name</b><br>SALVATION, HEALING AND MIRACLE CENTER, INC. |   |

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| <b>Principal Place of Business</b><br>440 BARBARA JENKINS ST<br>COCOA, FL 32922 US | <b>Mailing Address</b><br>POST OFFICE BOX 658<br>COCOA, FL 32923-0658 US |
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02082006 No Chg-NP CR2E037 (11/05)

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|---|---|
| <b>4. FEI Number</b><br>23-7227512      | <b>Applied For</b><br>Not Applicable                                      |
| <b>5. Certificate of Status Desired</b> | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

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| <b>6. Name and Address of Current Registered Agent</b><br><br>SMITH, LURLINE<br>1034 REVILLA LN<br>ROCKLEDGE, FL 32955 |
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IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS   |  |
|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | PTD<br>SMITH, LURLINE<br>1034 REVILLA LANE<br>ROCKLEDGE, FL 00000, |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | DS<br>POOL, SONJA Y.<br>998 DEMARET DR<br>ROCKLEDGE, FL            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>RANDALL, ROBERT<br>501 A LANE<br>COCOA, FL                    |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |

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02/23/06-80080-014 70.00

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Lurline Smith-LurlineSmith 02-08-06 321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #