


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714764**  
 1. Entity Name  
**SALVATION, HEALING AND MIRACLE CENTER, INC.**



Principal Place of Business      Mailing Address  
**440 BARBARA JENKINS ST**      **POST OFFICE BOX 658**  
**COCOA, FL 32922 US**      **COCOA, FL 32923-0658 US**

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>23-7227512</b>	Applied For Not Applicable
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5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SMITH, LURLINE**  
**1034 REVILLA LN**  
**ROCKLEDGE, FL 32955**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, LURLINE 1034 REVILLA LANE ROCKLEDGE, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POOL, SONJA Y. 996 DEMARET DR ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, ROBERT 501 A LANE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000596229  
 01/23/07-80070-015 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 / Lurline Smith*      01-16-2007      321      1639-9440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #