

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 714764 1. Entity Name SALVATION, HEALING AND MIRACLE CENTER, INC.	
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Principal Place of Business 440 BARBARA JENKINS ST COCOA, FL 32922 US	Mailing Address POST OFFICE BOX 658 COCOA, FL 32923-0658 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7227512	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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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 01/14/08-80004-019 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 01-08-2008 321-639-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #