

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714764

FILED
Mar 05, 2009
Secretary of State

Entity Name: SALVATION, HEALING AND MIRACLE CENTER, INC.

Current Principal Place of Business:

440 BARBARA JENKINS ST
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 658
COCOA, FL 329230658 US

New Mailing Address:

FEI Number: 23-7227512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, LURLINE
1034 REVILLA LN
ROCKLEDGE, FL 32955 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: PTD () Delete
Name: SMITH, LURLINE,
Address: 1034 REVILLA LANE
City-St-Zip: ROCKLEDGE, FL 00000,

Title: DS () Delete
Name: POOL, SONJA Y.,
Address: 996 DEMARET DR
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: RANDALL, ROBERT
Address: 501 A LANE
City-St-Zip: COCOA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LURLINE SMITH

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date