


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733291 (9) 1. Corporation Name MIRACLE REVIVAL FELLOWSHIP OF SOUTH FLORIDA, INC					
Principal Place of Business 2090 SERVICE ROAD OPA-LOCKA FL 33054			Mailing Address 2090 SERVICE ROAD OPA-LOCKA FL 33054-3753		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/14/1975	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 07/17/1996	
City & State 23		City & State 28		4. FEI Number 59-1672944	
Zip 24		Zip 29		Applied For <input type="checkbox"/> Not Applicable	
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent COBBS, ERNEST 1020 S.W. 96TH AV MIRAMAR FL 33025-3673				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE: _____ (NOTE: Registered Agent signature required when re/instating)				DATE: _____	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	COBBS, ERNEST				
STREET ADDRESS	1020 SW 96 AVE				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	JARRETT, CHRIS				
STREET ADDRESS	1800 SOUTH GLADES DR				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SONLEY, DONNA				
STREET ADDRESS	2090 SERVICE ROAD				
CITY-ST-ZIP	OPA-LOCKA FL 33054				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ALBURY, JAMES				
STREET ADDRESS	2301 N.W. 95 ST				
CITY-ST-ZIP	MIAMI FL 33147				
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	SONLEY, LENORIA				
3.3 STREET ADDRESS	2090 SERVICE ROAD				
3.4 CITY-ST-ZIP	OPA-LOCKA, FL 33054				
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Ernest Cobbs</i> 4/28/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)