


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90042 035 \*\*\*\*66.25

<b>DOCUMENT # 741789</b> 1. Entity Name <b>ABRAHAM MIRACLE REVIVAL, INC.</b>			
Principal Place of Business <b>623 SW 6 ST.</b> <b>OCALA, FL 34475 US</b>		Mailing Address <b>623 SW 6 ST.</b> <b>OCALA, FL 34475 US</b>	
2. Principal Place of Business - No P.O. Box # <b>12100 SW 43 ST RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 770701</b> Suite, Apt. #, etc.	
City & State <b>OCALA, Florida</b> Zip <b>34481</b>		City & State <b>OCALA Florida</b> Zip <b>34477-0701</b>	
Country <b>MARION</b>		Country <b>MARION</b>	
4. FEI Number <b>59-1830032</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STRICKLAND, DORETHA P.</b> <b>12100 SW 43 ST ROAD</b> <b>OCALA, FL 34481</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, ABRAHAM 515 MADISON ST. SO. ST. PETERSBURG, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STRICKLAND, DORETHA 12100 SW 43RD ST RD OCALA, FL 34481	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICH, LORETTA 4835 N. GOLDEN ROAD ORLANDO, FL 32792	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, ABRAHAM 12100 SW 43RD ST RD OCALA, FL 344814210	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STRICKLAND, DORETHA 12100 SW 43RD ST RD OCALA, FL 344814210	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOR PTTA ACQUAH 951 ARMITAGE AVE APOPKA FL 32703	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Abraham Strickland</u> <b>01/30/08</b> (352) 465-7834 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			