2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# 741789

Entity Name: ABRAHAM MIRACLE REVIVAL, INC.

Current Principal Place of Business:

12100 SW ST ROAD
OCALA, FL 34481 US

New Principal Place of Business:

12100 SW 43 RD ST ROAD
OCALA, FL 34481 US

Current Mailing Address:

PO BOX 770701
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 59-1830032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRICKLAND, DORETHA P.
12100 SW 43 ST ROAD
OCALA, FL 34481 US

Name and Address of New Registered Agent:

STRICKLAND, DORETHA P/D
12220 SW 64TH LANE
OCALA, FL 34481 US

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: STRICKLAND DORETHA 03/14/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STRICKLAND, ABRAHAM,
Address: 515 MADISON ST. SO.
City-St-Zip: ST. PETERSBURG, FL

Title: VTD ( ) Delete
Name: STRICKLAND, DORETHA,
Address: 12100 SW 43RD ST RD
City-St-Zip: OCALA, FL 34481

Title: SD ( ) Delete
Name: ACQUAH, LORETTA
Address: 4835 N. GOLDEN ROAD
City-St-Zip: ORLANDO, FL 32792

Title: PD (X) Delete
Name: STRICKLAND, ABRAHAM
Address: 12100 SW 43RD ST RD
City-St-Zip: OCALA, FL 344814210

Title: VTD (X) Delete
Name: STRICKLAND, DORETHA
Address: 12100 SW 43RD ST RD
City-St-Zip: OCALA, FL 344814210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: STRICKLAND DORETHA,
Address: 12220 SW 64TH LANE
City-St-Zip: OCALA, FL 34481 US

Title: VSD (X) Change ( ) Addition
Name: ACQUAH, LORETTA
Address: 951 ARMITAGE AVE
City-St-Zip: OCALA, FL 32703 US

Title: T/D (X) Change ( ) Addition
Name: STRICKLAND, ABRAHAM
Address: 12220 SW 64TH LANE
City-St-Zip: OCALA, FL 34481 US

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: STRICKLAND DORETHA P/D 03/14/2008
Electronic Signature of Signing Officer or Director Date