

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741789

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** ABRAHAM MIRACLE REVIVAL, INC.

**Current Principal Place of Business:**

12100 SW 43 RD ST ROAD  
OCALA, FL 34481 US

**New Principal Place of Business:**

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

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

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

**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:** DORETHA STRICKLAND

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date