

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90063 001 ***122.50

DOCUMENT # N00000007316

1. Entity Name
MIRACLE OUTREACH COMMUNITY CENTER, INC.



Principal Place of Business
**1451 DIXIE HWY
FT LAUDERDALE, FL 33304**

Mailing Address
**1451 NORTH DIXIE HWY.
FT LAUDERDALE, FL 33304**

66015704



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

16-0324932

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, LARRY
5114 SW 22ND ST
HOLLYWOOD, FL 33023**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SMITH, LARRY**
STREET ADDRESS **5114 SW 22ND ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **THOMAS, SHEKEILA**
STREET ADDRESS **2501 N 30TH WAY**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **NELSON, ROGER**
STREET ADDRESS **5240 SW 23RD ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **NELSON, RUTH**
STREET ADDRESS **5240 SW 23RD ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SCOTT, CHRISTINE**
STREET ADDRESS **2800 NW 56 AVE C 206**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WARD, JOKAYLVEIA**
STREET ADDRESS **5301 NORTHEAST AVE APT 9**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ~~the~~ empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/2007

Date

954-467-2153

Daytime Phone #