

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003847

FILED  
Apr 12, 2005  
Secretary of State

**Entity Name:** MIRACLE DELIVERANCE HEALING REVIVAL CENTER, #2 INC.

**Current Principal Place of Business:**

15050 PIERCE ST.  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

15050 PIERCE ST.  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 04-3626782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBINSON, KEITH  
15050 PIERCE ST.  
MIAMI, FL 33176 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: D ( ) Delete  
Name: ROBINSON, KEITH  
Address: 15050 PIERCE ST.  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: ROBINSON, CHRISTINA  
Address: 15050 PIERCE ST.  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: HEYWARD, ELIZABETH  
Address: 1551 ROXBURY CT., N.E.  
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete  
Name: JONES, WYLENE M  
Address: 10950 SW 218 TERRACE  
City-St-Zip: MIAMI, FL 33170

Title: D ( ) Delete  
Name: JOHNSON, ANNETTE  
Address: 810 NW 6TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: PIERCE, CAMILLA R  
Address: 11310 SW 221 STREET  
City-St-Zip: MIAMI, FL 33170

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ROBINSON, KEITH P  
Address: 15050 PIERCE ST.  
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition  
Name: ROBINSON, CHRISTINA VP  
Address: 15050 PIERCE ST.  
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition  
Name: HEYWARD, ELIZABETH O  
Address: 1551 ROXBURY CT., N.E.  
City-St-Zip: PALM BAY, FL 32905

Title: D (X) Change ( ) Addition  
Name: JONES, WYLENE M CS  
Address: 10950 SW 218 TERRACE  
City-St-Zip: MIAMI, FL 33170

Title: D (X) Change ( ) Addition  
Name: JOHNSON, ANNETTE CP  
Address: 810 NW 6TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Change ( ) Addition  
Name: COOPER, CHERYL PS  
Address: 27025 SW 142 PL  
City-St-Zip: MIAMI, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH ROBINSON

D

04/12/2005

Electronic Signature of Signing Officer or Director

Date