

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003847

FILED
May 29, 2006
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBINSON, KEITH
15050 PIERCE ST.
MIAMI, FL 33176 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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:

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 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: KEITH ROBINSON

P

05/29/2006

Electronic Signature of Signing Officer or Director

Date