2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N01000003847

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

Current Principal Place of Business:

17409 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15900 S.W. 102 AVENUE
MIAMI, FL 33157

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:

ROBINSON, KEITH
15900 S.W. 102 AVENUE
MIAMI, FL 33157 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 P
Address: 15900 S.W. 102 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: ROBINSON, CHRISTINA VP
Address: 15900 S.W. 102 AVENUE
City-St-Zip: MIAMI, FL 33157

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

Title: D ( ) Delete
Name: DELANCY, MARISA 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: WILLIAMS, DEBBIE 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:

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: CHRISTINA ROBINSON VP 07/08/2008

Electronic Signature of Signing Officer or Director — Date