

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003847

FILED  
May 28, 2009  
Secretary of State

**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:**

11049 SW 226 STREET  
MIAMI, FL 33170

**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:**

ROBINSON, KEITH  
11049 SW 226 STREET  
MIAMI, FL 33170      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: \_\_\_\_\_

05/28/2009

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: D      (X) Change ( ) Addition  
Name: ROBINSON, KEITH P  
Address: 11049 SW 226 STREET  
City-St-Zip: MIAMI, FL 33170

Title: D      (X) Change ( ) Addition  
Name: ROBINSON, CHRISTINA VP  
Address: 11049 SW 226 STREET  
City-St-Zip: MIAMI, FL 33170

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: KEITH ROBINSON

P

05/28/2009

Electronic Signature of Signing Officer or Director

Date