

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003847

FILED  
Feb 01, 2010  
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:**

11049 SW 226 STREET  
MIAMI, FL 33170

**New Mailing Address:**

**FEI Number:** 04-3626782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, KEITH  
11049 SW 226 STREET  
MIAMI, FL 33170 US

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

ROBINSON, KEITH  
11049 SW 226 TERRACE  
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:

02/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROBINSON, KEITH P  
Address: 11049 SW 226 TERRACE  
City-St-Zip: MIAMI, FL 33170

Title: D  
Name: ROBINSON, CHRISTINA VP  
Address: 11049 SW 226 TERRACE  
City-St-Zip: MIAMI, FL 33170

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

Title: D  
Name: DELANCY, MARISA CS  
Address: 10950 SW 218 TERRACE  
City-St-Zip: MIAMI, FL 33170

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

Title: D  
Name: WILLIAMS, DEBBIE PS  
Address: 27025 SW 142 PL  
City-St-Zip: MIAMI, FL 33032

I hereby 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 all other like empowered.

SIGNATURE: KEITH ROBINSON

RA

02/01/2010

Electronic Signature of Signing Officer or Director

Date