2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003847

FILED Mar 15, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

17409 SOUTH DIXIE HIGHWAY 16809 SW 100TH AVENUE MIAMI, FL 33157

MIAMI, FL 33157

Current Mailing Address: New Mailing Address:

11049 SW 226 STREET 11049 SW 226 TERRACE

MIAMI, FL 33170 MIAMI, FL 33170

FEI Number: 04-3626782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ROBINSON, KEITH 11049 SW 226 TERRACE MIAMI, FL 33170

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:

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

Title:

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

Title:

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

Title:

Name: DELANCY, MARISA CS 10950 SW 218 TERRACE Address:

City-St-Zip: MIAMI, FL 33170

Title:

NEWTON, JOANN CS Name: 13627 SW 264TH TERRACE Address: HOMESTEAD, FL 33032 City-St-Zip:

Title:

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

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 Ρ 03/15/2011