## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003847

Apr 11, 2012 Secretary of State

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

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

16809 SW 100TH AVENUE 17201 SW 103RD AVENUE MIAMI, FL 33157

MIAMI, FL 33157

**Current Mailing Address: New Mailing Address:** 

11049 SW 226 TERRACE 14263 SW 107TH PLACE

MIAMI, FL 33170 MIAMI, FL 33176

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

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: 14263 SW 107TH PLACE City-St-Zip: MIAMI, FL 33176

Title:

WILLIAMS, NORMAN Name: 14263 SW 107TH PLACE Address: City-St-Zip: MIAMI, FL 33176

Title:

Name: DELANCY, MARISA CS 1522 EAST MOWRY DRIVE Address: City-St-Zip: HOMESTEAD APT 206, FL 33033

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 04/11/2012