

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003847

FILED
Apr 11, 2012
Secretary of State

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

Current Principal Place of Business:

16809 SW 100TH AVENUE
MIAMI, FL 33157

New Principal Place of Business:

17201 SW 103RD AVENUE
MIAMI, FL 33157

Current Mailing Address:

11049 SW 226 TERRACE
MIAMI, FL 33170

New Mailing Address:

14263 SW 107TH PLACE
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:

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

Title: D
Name: ROBINSON, CHRISTINA VP
Address: 14263 SW 107TH PLACE
City-St-Zip: MIAMI, FL 33176

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

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

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

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

P

04/11/2012

Electronic Signature of Signing Officer or Director

Date