2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000004134

1. Entity Name
MIRACLE REVIVAL OUTREACH CENTER, INC.

Principal Place of Business	Mailing Address
1221 NORTH 13TH ST FT PIERCE, FL 34950	4501 JUANITA AVE FT PIERCE, FL 34946

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03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1126159
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COX, MARY
4501 JUANITA AVE
FT PIERCE, FL 34946

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COX, WILFRED
STREET ADDRESS	4501 JUANITA AVE
CITY-ST-ZIP	FT PIERCE, FL 34946
TITLE	DV
NAME	COX, MARY
STREET ADDRESS	4501 JUANITA AVE
CITY-ST-ZIP	FT PIERCE, FL 34946
TITLE	DS
NAME	COX, VERLME R
STREET ADDRESS	1221 N 13TH ST
CITY-ST-ZIP	FT PIERCE, FL 34950
TITLE	DT
NAME	COX, ROLLINGTON
STREET ADDRESS	1221 N 13TH ST
CITY-ST-ZIP	FT PIERCE, FL 34950
TITLE	D
NAME	HARRIS, TINA
STREET ADDRESS	1221 N 13 ST
CITY-ST-ZIP	FT PIERCE, FL 34950
TITLE	ASD
NAME	CARTER, BRENDA
STREET ADDRESS	1544 N LAWNWOOD CIRCLE
CITY-ST-ZIP	FORT PIERCE, FL 34946

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03/18/06 00042-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Cox March 6, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #