

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004134**

**1. Entity Name**  
**MIRACLE REVIVAL OUTREACH CENTER, INC.**



**Principal Place of Business**  
**1221 NORTH 13TH ST**  
**FT PIERCE, FL 34950**

**Mailing Address**  
**4501 JUANITA AVE**  
**FT PIERCE, FL 34946**



03102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**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**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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03/23/07-00071-016 61.25

**DO NOT WRITE  
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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 12, 2007*  
Date

Daytime Phone #