


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00
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
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01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1126159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP COX, WILFRED 4501 JUANITA AVE FT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV COX, MARY 4501 JUANITA AVE FT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS COX, VERLME R 1221 N 13TH ST FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT COX, ROLLINGTON 1221 N 13TH ST FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARRIS, TINA 1221 N 13 ST FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASD CARTER, BRENDA 1544 N LAWNWOOD CIRCLE FORT PIERCE, FL 34946

U000000852589
03/26/08-80035-008 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: <u>Mary Cox</u>	<u>March 7 08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date