

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004134

FILED  
Mar 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1221 NORTH 13TH ST  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

4501 JUANITA AVE  
FT PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:** 65-1126159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COX, MARY  
4501 JUANITA AVE  
FT PIERCE, FL 34946 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: DP ( ) Delete  
Name: COX, WILFRED  
Address: 4501 JUANITA AVE  
City-St-Zip: FT PIERCE, FL 34946

Title: DV ( ) Delete  
Name: COX, MARY  
Address: 4501 JUANITA AVE  
City-St-Zip: FT PIERCE, FL 34946

Title: DS ( ) Delete  
Name: COX, VERLME R  
Address: 1221 N 13TH ST  
City-St-Zip: FT PIERCE, FL 34950

Title: DT ( ) Delete  
Name: COX, ROLLINGTON  
Address: 1221 N 13TH ST  
City-St-Zip: FT PIERCE, FL 34950

Title: D ( ) Delete  
Name: HARRIS, TINA  
Address: 1221 N 13 ST  
City-St-Zip: FT PIERCE, FL 34950

Title: ASD ( ) Delete  
Name: CARTER, BRENDA  
Address: 1544 N LAWNWOOD CIRCLE  
City-St-Zip: FORT PIERCE, FL 34946

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY COX

DV

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date