

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004134

FILED
Feb 06, 2011
Secretary of State

Entity Name: MIRACLE REVIVAL OUTREACH CENTER, INC.

Current Principal Place of Business:

4501 JUANITA AVE.
FT PIERCE, FL 34946

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
Name: COX, WILFRED
Address: 4501 JUANITA AVE
City-St-Zip: FT PIERCE, FL 34946

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

Title: DS
Name: COX, VERLME R
Address: 2008 NORTH 47TH STREET
City-St-Zip: FT PIERCE, FL 34947

Title: DT
Name: COX, ROLLINGTON
Address: 4501 JUANITA AVE.
City-St-Zip: FT PIERCE, FL 34946

Title: D
Name: HARRIS, TINA
Address: 705 SOUTH 29TH STREET
City-St-Zip: FT PIERCE, FL 34950

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

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: MARY COX

DV

02/06/2011

Electronic Signature of Signing Officer or Director

Date