

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
Mar 17, 2006 8:00 am
Secretary of State

02-20-2006 90049 016 ****70.00

DOCUMENT # N05000002251

1. Entity Name

THE MIRACLE REVIVAL CENTER, INCORPORATED



Principal Place of Business Mailing Address

1900 BORDER ST 1900 BORDER ST
PENSACOLA FL 32505 PENSACOLA FL 32505

2. Principal Place of Business 3. Mailing Address

1900 Border St 1900 Border St

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Pensacola, FL Pensacola, FL

Zip Code Country Zip Code Country

32505 FL 32505 FL

5. Name and Address of Current Registered Agent

GOLDEN, LILY M
206 TOPAZ AVE
PENSACOLA FL 32505

4. FEI Number

02-0771004

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: **Lily M. Golden**

Street Address (P.O. Box Number is Not Acceptable): **119 West Highland Dr.**

City: **Pensacola**

State: **FL** Zip Code: **32505**

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: *Lily M. Golden* **Lily M. Golden** **2/7/06**

(NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	Change
NAME	GOLDEN, LILY M	NAME	Golden, Lily M.
STREET ADDRESS	206 TOPAZ AVE	STREET ADDRESS	119 W. Highland Dr.
CITY - ST - ZIP	PENSACOLA FL 32505	CITY - ST - ZIP	Pensacola, FL 32503
TITLE	D	TITLE	Change
NAME	ZARR, NICOLE A	NAME	
STREET ADDRESS	3070 FLINTLOCK AVE	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32526	CITY - ST - ZIP	
TITLE	D	TITLE	Change
NAME	GHOLSTON, QUINTEN J	NAME	
STREET ADDRESS	4762 BRIDGEDALE RD	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32505	CITY - ST - ZIP	
TITLE	D	TITLE	Change
NAME	CRITTENDEN, DAVID	NAME	
STREET ADDRESS	1801 N BORDER ST LOT #4	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32505	CITY - ST - ZIP	
TITLE		TITLE	Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another line empowered.

SIGNATURE: *Lily M. Golden* **2/7/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66005813

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

THE MIRACLE REVIVAL CENTER, INCORPORATED
1900 BORDER ST
PENSACOLA, FL 32505

Subject: **THE MIRACLE REVIVAL CENTER, INCORPORATED**

Reference Number: **N05000002251**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

-The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314