

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90012 040 \*\*\*\*70.00

**DOCUMENT # N05000002251**

1. Entity Name  
**THE MIRACLE REVIVAL CENTER, INCORPORATED**



Principal Place of Business  
**1900 BORDER ST  
PENSACOLA, FL 32505**

Mailing Address  
**1900 BORDER ST  
PENSACOLA, FL 32505**

40013303



2. Principal Place of Business - No P.O. Box #  
**119 W. Highland Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**119 W. Highland Dr.**  
Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State  
**Pensacola, FL**  
Zip  
**32503**  
Country  
**ESCambia**

City & State  
**Pensacola, FL**  
Zip  
**32503**  
Country  
**ESCambia**

4. FEI Number  
**02-0771004**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOLDEN, LILY M  
119 WEST HIGHLAND DR  
PENSACOLA, FL 32505**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

*2/5/07*  
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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDEN, LILY M	
STREET ADDRESS	119 WEST HIGHLAND DR	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZARR, NICOLE A	
STREET ADDRESS	3070 FLINTLOCK AVE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHOLSTON, QUINTEN J	
STREET ADDRESS	4762 BRIDGEDALE RD	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>CRITTENDEN, DAVID</del>	
STREET ADDRESS	<del>1801 N BORDER ST LOT #4</del>	
CITY-ST-ZIP	<del>PENSACOLA, FL 32506</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jermaine Gholston	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	119 W. Highland DR (Deacon)	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lily M. Golden*  
Signature and typed or printed name of signing officer or director

*2/5/07*  
Date

Daytime Phone #