

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (11)

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000002251**

1. Entity Name

THE MIRACLE REVIVAL CENTER, INCORPORATED



Principal Place of Business

119 W HIGHLAND DR  
PENSACOLA FL 32503

Mailing Address

119 W HIGHLAND DR  
PENSACOLA FL 32503



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

GOLDEN, LILY M  
119 WEST HIGHLAND DR  
PENSACOLA FL 32505

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*

2/24/08

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2008**

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 ☐ Delete  
NAME GOLDEN, LILY M  
STREET ADDRESS 119 WEST HIGHLAND DR  
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ Delete  
NAME ZARR, NICOLE A  
STREET ADDRESS 3070 FLINTLOCK AVE  
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ Delete  
NAME GHOLSTON, QUINTEN J  
STREET ADDRESS 4762 BRIDGEDALE RD  
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ Delete  
NAME GHOLSTAN, JERMAINE  
STREET ADDRESS 119 W HIGHLAND DR  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000835532  
CITY-ST-ZIP 02/29/08-80039-014 70.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 all other like empowered.

SIGNATURE:

*Lily M. Golden*