

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14340

FILED  
Feb 27, 2007  
Secretary of State

Entity Name: PENTECOSTAL MIRACLE REVIVAL CENTER INC.

## Current Principal Place of Business:

C/O CHRISTINA POWELL  
217 SOUTH LAKE AVE  
PAHOKEE, FL 33476

## New Principal Place of Business:

C/O WILLIAM & CHRISTINA POWELL HOLMES  
217 SOUTH LAKE AVE  
PAHOKEE, FL 33476

## Current Mailing Address:

5829 JENNY DR  
TAMPA, FL 33617

## New Mailing Address:

301 NORTH WEST 11TH STREET  
BELLE GLADE, FL 33430

FEI Number: 65-0337845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWELL, CHRISTINA B  
5829 JENNY DR  
TAMPA, FL 33617 US

## Name and Address of New Registered Agent:

HOLMES, WILLIAM JR  
301 NORTH WEST 11TH STREET  
BELLE GLADE, FL 33430 US

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: WILLIAM HOLMES, JR

02/27/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: POWELL, CHRISTINA  
Address: 5829 JENNY DR  
City-St-Zip: TAMPA, FL 33617

Title: VMD ( ) Delete  
Name: WILLIAMS, GLADYS G  
Address: 2908 E. CARACAS  
City-St-Zip: TAMPA, FL 33610

Title: STD ( ) Delete  
Name: JONES, MARY  
Address: 310 SEMINOLE CT  
City-St-Zip: PAHOKEE, FL 33476

Title: C ( ) Delete  
Name: HARDNET, WILLIE  
Address: 1749 E MAIN ST APT 129  
City-St-Zip: PAHOKEE, FL 33476

Title: C ( ) Delete  
Name: HOLMES, WILLIAM JR  
Address: 301 NW 11TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: C ( ) Delete  
Name: YOUNG, BERTHA  
Address: 5019 N. 30TH ST  
City-St-Zip: TAMPA, FL 33610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOLMES, WILLIAM JR  
Address: 301 NORTH WEST 11TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

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: C (X) Change ( ) Addition  
Name: STONE, LULA M  
Address: 369 J-MALONE DRIVE  
City-St-Zip: PAHOKEE, FL 33476

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM HOLMES, JR

PD

02/27/2007

Electronic Signature of Signing Officer or Director

Date