

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14340

FILED
Feb 05, 2008
Secretary of State

Entity Name: PENTECOSTAL MIRACLE REVIVAL CENTER INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

301 NORTH WEST 11TH STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0337845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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: STONE, LULA M
Address: 369 J-MALONE DRIVE
City-St-Zip: PAHOKEE, FL 33476

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WILLIAMS, GLADYS G
Address: 2908 E. CARACAS
City-St-Zip: TAMPA, FL 33610

Title: SEC (X) Change () Addition
Name: JONES, MARY
Address: 310 SEMINOLE CT
City-St-Zip: PAHOKEE, FL 33476

Title: C (X) Change () Addition
Name: HARDNETT, WILLIE
Address: 1749 E MAIN ST APT 111
City-St-Zip: PAHOKEE, FL 33476

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

Title: C (X) Change () Addition
Name: SIMPSON, BETTY
Address: 217 SOUTH LAKE AVE
City-St-Zip: PAHOKEE, FL 33476

I hereby certify that the information supplied with this filing does not qualify 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

P

02/05/2008

Electronic Signature of Signing Officer or Director

Date