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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N30956 ✓

1. Corporation Name

SOUL HARVEST MIRACLE REVIVAL CENTER, INC.

Principal Place of Business

2340 NW 184 STREET
C/O ESTELLA HOLLINS
MIAMI FL 33056

Mailing Address

2340 NW 184 STREET
C/O ESTELLA HOLLINS
MIAMI FL 33056

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		2b		03/02/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		65-0102828	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
4		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

HOLLINS, ESTELLA
 2340 N.W. 184TH STREET
 MIAMI FL 33056

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	NAME
NAME	THOMAS, CORA LEE	1.2 NAME	CORA LEE PALMER
STREET ADDRESS	2340 NW 184TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	HOLLINS, ESTELLA	2.2 NAME	
STREET ADDRESS	2340 NW 184TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	TURNER, CINDY	3.2 NAME	
STREET ADDRESS	301 NE 82 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HOLLINS, ANNETTE P	4.2 NAME	
STREET ADDRESS	2340 N.W. 184TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WILLIAMS, MARVENNETTE	5.2 NAME	
STREET ADDRESS	17140 N.W. 24 CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORA LEE PALMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cora Lee Palmer

7-2-99

Date

305624-5518

Daytime Phone #

CR2E037 (5/99)