

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30956

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** SOUL HARVEST MIRACLE REVIVAL CENTER, INC.

**Current Principal Place of Business:**

9 BAHIA PLACE LOOP  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

1928 VELMA STREET SE  
ATLANTA, GA 30315

**New Mailing Address:**

**FEI Number:** 65-0102828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORD, ESTELLA  
9 BAHIA PLACE LOOP  
OCALA, FL 34472 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: PALMER, CORA LEE  
Address: 1928 VELMA STREET SE  
City-St-Zip: ATLANTA, GA 30315

Title: STD ( ) Delete  
Name: FORD, ESTELLA  
Address: 9 BAHIA PLACE LOOP  
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete  
Name: TURNER, CINDY  
Address: 2419 AYLESBURY LOOP APT 166  
City-St-Zip: DECATUR, GA 30034

Title: D ( ) Delete  
Name: BRYANT, ANNETTE P  
Address: 1928 VELMA STREET SE  
City-St-Zip: ATLANTA, GA 30315

Title: D ( ) Delete  
Name: WILLIAMS, MARVENNETTE  
Address: 1923 TURNER ROAD SE  
City-St-Zip: ATLANTA, GA 30315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: DR CORA LEE PALMER

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date