## 2007 NOT-FOR-PROFIT CORPORATION

Mailing Address 1451 NORTH DIXIE HWY.

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FT. LAUDERDALE, FL 33304

## ANNUAL REPORT **DOCUMENT # N48348**

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

Principal Place of Business

Suite, Apt. #, etc.

NELSON, RUDOLPH SR

5240 S.W. 23RD STREET FT. LAUDERDALE, FL 33023

City & State

Zip

1451 NORTH DIXIE HIGHWAY FT. LAUDERDALE, FL 33304

1. Entity Name MIRACLE OUTREACH REVIVAL CENTER, INC.

Country

6. Name and Address of Current Registered Agent



**FILED** May 21, 2007 8:00 am Secretary of State

05-21-2007 90063 001 \*\*\*122.50

	99	0194	705				
0420200	7 Chg-NP	CR2E	037 (12	2/06)			
4. FEI Number			Ì	Applied For			
65-0	310182			Not Applicable			
5. Certific	ate of Status Desired			8.75 Additional ee Required			
7. Name a	and Address of New R	Registere	d Agent				
O. Box Nu	mber is Not Acceptable	e)		<b></b>			
				<del></del>			

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.

Country

Name

Street Address (P

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make check payable to Florida Department of State			
	Due by May 1, 2007	Trust Fund Cor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		
10. OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	Delete	TITLE			Change	Addition
NAME	NELSON, RUDOLPH SR		NAME				
STREET ADDRESS	5246 S.W. 23RD STREET		STREET ADDRESS				1
CITY-ST-ZIP	HOLLYWOOD, FL 33023	•	CITY-ST-ZIP				
TITLE	SD	Delete	TITLE	SD .		Change	Addition
NAME	BOYD, TIFFANY		NAME	Connie Thom	pson,		i
STREET ADDRESS	1150 NW 1ST STREET APT 2		STREET ADDRESS	4514 N.W 50H	COOK+		
CITY-ST-ZIP	DANIA, FL. 33004		CITY-ST-ZIP	Connie Thom 4514 N.W 50H Coconut Cree	4FL 33073		
TITLE	TD	☐ Delete	TITLE		•	Change	☐ Addition
NAME	SMITH, PHYLSS		NAME				1
STREET ADDRESS	5114 SW 22ND STREET		STREET ADDRESS				1
CITY-ST-ZIP	HOŁLYWOOD, FL 33023		CITY-ST-ZIP				
TITLE	Т	☐ Delete	TITLE			☐ Change	Addition
NAME	THOMAS, GARY		NAME				
STREET ADDRESS	2660 N.W. 24TH STREET		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP				
TITLE	MT	☐ Delete	TITLE			Change	Addition
NAME	NELSON, ROGER		NAME				
STREET ADDRESS	5246 SW 23RD ST		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	Т	Delete	TITLE			☐ Change	Addition
NAME	ALLEN, CLAUDINE		NAME				
STREET ADDRESS	410 N 30TH AVE		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**