

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-21-2007 90063 001 ***122.50

DOCUMENT # N48348

1. Entity Name
MIRACLE OUTREACH REVIVAL CENTER, INC.



Principal Place of Business
**1451 NORTH DIXIE HIGHWAY
 FT. LAUDERDALE, FL 33304**

Mailing Address
**1451 NORTH DIXIE HWY.
 FT. LAUDERDALE, FL 33304**

66015705



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

3. Mailing Address

04202007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0310182

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, RUDOLPH SR
 5240 S.W. 23RD STREET
 FT. LAUDERDALE, FL 33023**

Name
 Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME NELSON, RUDOLPH SR
 STREET ADDRESS 5246 S.W. 23RD STREET
 CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME BOYD, TIFFANY
 STREET ADDRESS 1150 NW 1ST STREET APT 2
 CITY-ST-ZIP DANIA, FL 33004

TITLE Change Addition
 NAME *SD Connie Thompson*
 STREET ADDRESS *4514 N.W. 50TH COURT*
 CITY-ST-ZIP *COCONUT CREEK, FL 33073*

TITLE TD Delete
 NAME SMITH, PHYLLIS
 STREET ADDRESS 5114 SW 22ND STREET
 CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME THOMAS, GARY
 STREET ADDRESS 2660 N.W. 24TH STREET
 CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MT Delete
 NAME NELSON, ROGER
 STREET ADDRESS 5246 SW 23RD ST
 CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME ALLEN, CLAUDINE
 STREET ADDRESS 410 N 30TH AVE
 CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Rudolph Nelson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/2007 954-467-2053
 Date Daytime Phone #