

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91754 001 \*\*\*122.50

0031158

**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 HIGHWAY  
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

**1451 "North" DIXIE Hwy**

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**

☐ CHECK HERE IF MAKING CHANGES

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

**FILE NOW: FEE IS \$61.25**

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 **TD** ☐ Delete  
NAME **MOBLEY, SAMUEL SR**  
STREET ADDRESS **5903 N.W. 57TH CT., D-101**  
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☒ Change ☐ Addition  
NAME **Corrie Thompson**  
STREET ADDRESS **4514 N.W. 50th Court**  
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE **SD** ☐ Delete  
NAME **MOBLEY, FRANCES**  
STREET ADDRESS **5903 N.W. 57TH CT., D-101**  
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MT** ☐ Delete  
NAME **HINDS, EVOR**  
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 **KING, WILLIE**  
STREET ADDRESS **3420 N.W. 35TH STREET**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MT** ☐ Delete  
NAME **WILCHER, HERMAN**  
STREET ADDRESS **639 S.W. 3RD AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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 exemption stated in Section 119.07(3)(i), 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

*[Signature]*

**4-28-03 (954) 562-6002**

CR2E037 (10/02)