I hereby 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 all other like empowered.					
SIGNATURE: TERRY L POSEY	S/T	02/05/2024			

Electronic Signature of Signing Officer/Director Detail

POSEY, TERRY L 17420 NE 16TH TERRACE CITRA, FL 32113 US

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	E: TERRY L POSEY			02/05/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	P	Title	VP		
Name	GOODMAN, ALFRED	Name	INGLE, STANLEY E		
Address	17420 NE 16TH TERRACE	Address	17420 NE 16TH TERRACE		
City-State-Zip:	CITRA FL 32113	City-State-Zip:	CITRA FL 32113		
Title	D	Title	S/T		
Name	INGLE, CAROLYN	Name	POSEY, TERRY L		
Address	17420 NE 16TH TERRACE	Address	17420 NE 16TH TERRACE		
City-State-Zip:	CITRA FL 32113	City-State-Zip:	CITRA FL 32113		

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706232

Entity Name: MIAMI REVIVAL CENTER, INC.

Current Principal Place of Business:

17420 NE 16TH TERRACE CITRA, FL 32113

Current Mailing Address:

P O BOX 638 CITRA, FL 32113 US

FEI Number: 59-6209525

Name and Address of Current Registered Agent:

FILED Feb 05, 2024 Secretary of State 9218693087CC

Certificate of Status Desired: No

Date