

**2016 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

**Certificate of Status Desired:** No

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

GOODMAN, ALFRED  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GOODMAN, ALFRED  
Address 17420 NE 16TH TERRACE  
City-State-Zip: CITRA FL 32113

Title VP  
Name INGLE, STANLEY E  
Address 17420 NE 16TH TERRACE  
City-State-Zip: CITRA FL 32113

Title D  
Name INGLE, CAROLYN  
Address 17420 NE 16TH TERRACE  
City-State-Zip: CITRA FL 32113

Title S/T  
Name POSEY, TERRY L  
Address 17420 NE 16TH TERRACE  
City-State-Zip: CITRA FL 32113

Title D  
Name JEHLE, ARTHUR E  
Address 17420 NE 16TH TERRACE  
City-State-Zip: CITRA FL 32113

Title D  
Name HINSON, JOHN RJR  
Address 19220 IMMOKALEE ROAD  
City-State-Zip: NAPLES FL 34120

*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

02/17/2016

Electronic Signature of Signing Officer/Director Detail

Date