

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714764

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC3781162095**

**Entity Name:** SALVATION, HEALING AND MIRACLE CENTER, INC.

**Current Principal Place of Business:**

440 BARBARA JENKINS ST  
COCOA, FL 32922

**Current Mailing Address:**

P.O. BOX 658  
COCOA, FL 32923-0658 US

**FEI Number: 23-7227512**

**Certificate of Status Desired: Yes**

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

SMITH, LURLINE  
1034 REVILLA LN  
ROCKLEDGE, FL 32955 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            PTD  
Name            SMITH, LURLINE  
Address        1034 REVILLA LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title            DS  
Name            POOL, SONJA Y  
Address        996 DERMERAT DR.  
City-State-Zip: ROCKLEDGE FL 32955

Title            D  
Name            RANDALL, ROBERT  
Address        501 A LANE  
City-State-Zip: COCOA FL 32923

*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: LURLINE SMITH**

**PRESIDENT**

**02/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date