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

Electronic Signature of Signing Officer/Director Detail

440 BARBARA JENKINS ST COCOA, FL 32922

Current Mailing Address:

Current Principal Place of Business:

440 BARBARA JENKINS ST. COCOA. FL 32922 US

FEI Number: 23-7227512

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

Officer/Director Detail :

City-State-Zip: COCOA FL 32923

Title	PTD	Title	DS
Name	SMITH, LURLINE	Name	POOL, SONJA Y
Address	1034 REVILLA LANE	Address	996 DERMERAT DR.
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title Name Address	D RANDALL, ROBERT 501 A LANE		

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

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714764

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

Feb 16, 2018 Secretary of State CC9869315117

Date

FILED

Certificate of Status Desired: Yes

PRESIDENT

02/16/2018 Date