2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2018
Secretary of State
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Entity Name: MIRACLE DELIVERANCE HEALING REVIVAL CENTER, #2 INC.

Current Principal Place of Business:

27401 SOUTH DIXIE HIGHWAY
HOMESTEAD, FL 33032

Current Mailing Address:

P.O. BOX 772586
MIAMI, FL 33177 US

FEI Number: 04-3626782

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, KEITH
14263 SW 107TH PLACE
MIAMI, FL 33176 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: KEITH ROBINSON 03/08/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	ROBINSON, KEITH P
Address	11049 SW 226 TERRACE
City-State-Zip:	MIAMI FL 33170

Title	D
Name	ROBINSON, CHRISTINA VP
Address	14263 SW 107TH PLACE
City-State-Zip:	MIAMI FL 33176

Title	D
Name	WILLIAMS, NORMAN
Address	14263 SW 107TH PLACE
City-State-Zip:	MIAMI FL 33176

Title	D
Name	DELANCY, MARISA CS
Address	15497 SW 288TH STREET APT A204
City-State-Zip:	HOMESTEAD FL 33033

Title	D
Name	NEWTON, JOANN CS
Address	13627 SW 264TH TERRACE
City-State-Zip:	HOMESTEAD FL 33032

Title	D
Name	WILLIAMS, DEBBIE PS
Address	27025 SW 142 PL
City-State-Zip:	MIAMI FL 33032

Title	ASST. SECRETARY
Name	MARCELIN, ESTHER
Address	27401 S.DIXIE HIGHWAY
City-State-Zip:	HOMESTEAD FL 33032

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: KEITH ROBINSON PRESIDENT 03/08/2018

Electronic Signature of Signing Officer/Director Detail — Date