2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707058

Apr 30, 2007 Secretary of State

Entity Name: DELIVERANCE MIRACLE REVIVAL CENTER INC **Current Principal Place of Business: New Principal Place of Business:** 1817 SE HAWTHORE RD GAINESVILLE, FL 32641 US **Current Mailing Address: New Mailing Address:** P.O. BOX 268 GAINESVILLE, FL 32601 US FEI Number: 59-1269231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAKE, CURTIS III 8401 N.E. 77TH LANE GAINESVILLE, FL 32601 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LAKE, CURTIS III, Name: Name: 8401 N.E. 77TH LANE Address: Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: CLAY, RAYMOND SR., Name: Address: 276 SW CORRY VILLAGE Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: Title: () Delete Title: SD (X) Change () Addition GAINEY, ANNIE H Name: GAINEY, ANNIE H Name: 21515 NW 205TH STREET 21515 NW 205TH STREET Address: Address: City-St-Zip: HIGH SPRINGS, FL City-St-Zip: HIGH SPRINGS, FL 32643 Title: TD () Delete Title: TD (X) Change () Addition Name: CARTER, ALBERT JR., Name: CARTER, ALBERT JR., Address: 1611 S.E. 12TH AVE. Address: 613 NW 192ND AVE City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CURTIS LAKE III PD 04/30/2007