

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707058

Entity Name: DELIVERANCE MIRACLE REVIVAL CENTER INC

Current Principal Place of Business:

1817 SE HAWTHORNE RD
GAINESVILLE, FL 32641

Current Mailing Address:

P.O.BOX 1044
SELMER, TN 38375 US

FEI Number: 59-1269231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS JANICE E
1210 NE 24TH STREET
GAINESVILLE, FL 32641 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 LAKE, CURTIS III
Address PO BOX 1044
City-State-Zip: SELMER TN 38375

Title VP
Name PHILLIPS JANICE E
Address PO BOX 1044
City-State-Zip: SELMER TN 38375

Title S
Name JONES , TOWANA L
Address 4620 RAGGEDY PT ROAD
City-State-Zip: ORANGE PARK FL 32003

Title T
Name HARRIS JOHNNY
Address P.O. BOX 1978
City-State-Zip: OLD TOWN FL 32680

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: JANICE E PHILLIPS

RA

06/03/2020

Electronic Signature of Signing Officer/Director Detail

Date