

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707058

**FILED**  
**Mar 27, 2018**  
**Secretary of State**  
**CC8351667645**

**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:** Yes

**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	Title	VP
Name	LAKE, CURTIS III	Name	PHILLIPS JANICE E
Address	8401 N.E. 77TH LANE	Address	1210 N.E. 24TH STREET
City-State-Zip:	GAINESVILLE FL	City-State-Zip:	GAINESVILLE FL 32641
Title	S	Title	T
Name	JONES , TOWANA L	Name	HARRIS JOHNNY
Address	4620 RAGGEDY PT ROAD	Address	P.O. BOX 1978
City-State-Zip:	ORANGE PARK FL 32003	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

VP

03/27/2018

Electronic Signature of Signing Officer/Director Detail

Date