

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 29, 2007
Secretary of State

DOCUMENT# 707058

Entity Name: DELIVERANCE MIRACLE REVIVAL CENTER INC**Current Principal Place of Business:**1817 SE HAWTHORE RD
GAINESVILLE, FL 32641 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 268
GAINESVILLE, FL 32601 US**New Mailing Address:****FEI Number:** 59-1269231 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LAKE, CURTIS III
8401 N.E. 77TH LANE
GAINESVILLE, FL 32601 US**Name and Address of New Registered Agent:**PHILLIPS JANICE E
2140 NE 2ND STREET
GAINESVILLE, FL 32609 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: JANICE E PHILLIPS

11/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAKE, CURTIS III,
Address: 8401 N.E. 77TH LANE
City-St-Zip: GAINESVILLE, FL

Title: VD () Delete
Name: CLAY, RAYMOND SR.,
Address: 276 SW CORRY VILLAGE
City-St-Zip: GAINESVILLE, FL

Title: SD () Delete
Name: GAINEY, ANNIE H
Address: 21515 NW 205TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: TD () Delete
Name: CARTER, ALBERT JR.,
Address: 613 NW 192ND AVE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAKE, CURTIS III,
Address: 8401 N.E. 77TH LANE
City-St-Zip: GAINESVILLE, FL

Title: VP (X) Change () Addition
Name: PHILLIPS JANICE E,
Address: 2140 NE 2ND STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: S (X) Change () Addition
Name: GAINEY, ANNIE H
Address: 21515 NW 205TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T (X) Change () Addition
Name: HARRIS JOHNNY,
Address: 2140 NE 2ND STREET
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: JANICE E PHILLIPS

VP

11/29/2007

Electronic Signature of Signing Officer or Director

Date