

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707058

FILED
May 02, 2009
Secretary of State

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:

P.O. BOX 5665
GAINESVILLE, FL 32627 US

FEI Number: 59-1269231 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILLIPS JANICE E
2140 NE 2ND STREET
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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:

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

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

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

Title: T () Delete
Name: HARRIS JOHNNY
Address: 2140 NE 2ND STREET
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

05/02/2009

Electronic Signature of Signing Officer or Director

Date