

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 715376

1. Entity Name

THE MIRACLE REVIVAL DELIVERANCE CHURCH, INC.



FILED
04 OCT -6 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3701 OLD DIXIE HIGHWAY
RIVIERA BEACH FLA 33404

Mailing Address

P.O. BOX 10236
RIVIERA BEACH FL 33404
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THALIER, SS
100 E LINTON BLVD #201-A
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Annie Martin-Johnson (Secretary)

10/4/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, JOHN	
STREET ADDRESS	1815 PINEHURST DRIVE	
CITY-ST-ZIP	W.PALM BCH. FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, IRENE	
STREET ADDRESS	1815 PINEHURST DRIVE	
CITY-ST-ZIP	W.PALM BCH. FL	
TITLE	X D	<input type="checkbox"/> Delete
NAME	JONES, HAZEL	
STREET ADDRESS	421 W. 25TH ST.	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNSON, ANNIE	
STREET ADDRESS	12145 REGAL CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOSTER, J L	
STREET ADDRESS	595 W 4TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	X T/D	<input type="checkbox"/> Delete
NAME	CANADY, EDDIE	
STREET ADDRESS	1481 N. MANGONIA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200041632082	
CITY-ST-ZIP	10/06/04--01016--004 **\$61.25	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Overstreet	
STREET ADDRESS	1128 Apt D	
CITY-ST-ZIP	West Palm Beach Fla 33411	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	James W. Martin	
STREET ADDRESS	204 Superior Pl	
CITY-ST-ZIP	West Palm Bch.	
TITLE	Arlington Spencer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5101 Westwood St	
STREET ADDRESS	WPRB FL 33407	
CITY-ST-ZIP		
TITLE	Bonita B Martin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	204 Superior Pl	
STREET ADDRESS	West Palm Beach FL 33409	
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Annie Martin-Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-04

Date

Daytime Phone #