

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90066 005 ****61.25

DOCUMENT # 715376

1. Entity Name

THE MIRACLE REVIVAL DELIVERANCE CHURCH, INC.



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



1st MOORE

CR2E037 (10/04)

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

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 May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JOHNSON, JOHN ☐ Delete
STREET ADDRESS 1815 PINEHURST DRIVE
CITY-ST-ZIP W.PALM BCH. FL

TITLE D/S
NAME Bonita B Martin ☐ Change ☐ Addition
STREET ADDRESS 204 Superior Place
CITY-ST-ZIP WPB, FL 33409

TITLE V
NAME JOHNSON, IRENE ☐ Delete
STREET ADDRESS 1815 PINEHURST DRIVE
CITY-ST-ZIP W.PALM BCH. FL

TITLE D
NAME James W. Martin ☐ Change ☐ Addition
STREET ADDRESS 204 Superior Place
CITY-ST-ZIP West Palm Beach, FL 33409

TITLE D
NAME JONES, HAZEL ☐ Delete
STREET ADDRESS 421 W. 25TH ST.
CITY-ST-ZIP RIVIERA BCH FL 33404

TITLE D
NAME Arlington Spencer ☐ Change ☐ Addition
STREET ADDRESS 5709 Driftwood Street
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ST
NAME JOHNSON, ANNIE ☐ Delete
STREET ADDRESS 12145 REGAL CT
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DC
NAME OVERSTREET, DEBORAH ☐ Delete
STREET ADDRESS 1128 APT D
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME CANADY, EDDIE ☐ Delete
STREET ADDRESS 1481 N. MANGONIA CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

1-31-05

Date

Daytime Phone #