## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 14, 2006 8:00 am **Secretary of State**

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03-14-2006 90036 033 \*\*\*\*61.25 DOCUMEN 1 # /153/6 THE MIRACLE REVIVAL DELIVERANCE CHURCH, INC. 400~-Principal Place of Business Mailing Address 3701 OLD DIXIE HIGHWAY P.O. BOX 10236 RIVIERA BEACH, FL 33404 RIVIERA BEACH FLA. 33404 US 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 01232006 Chg-NP CR2E037 (11/05) 4. FEI Number NOT APPLICABLE Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THALIER, SS Street Address (P.O. Box Number is Not Acceptable) 100 E LINTON BLVD #201-A DELRAY BEACH, FL 33483 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 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE ☐ Change ■ Addition TITLE JOHNSON, JOHN NAME NAME STREET ADDRESS 1815 PINEHURST DRIVE STREET ADDRESS W.PALM BCH., FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TOTLE JOHNSON, IRENE NAME NAME STREET ADDRESS 1815 PINEHURST DRIVE STREET ADDRESS CITY-ST-ZIP W.PALM BCH., FL CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition JONES, HAZEL NAME NAME 421 W. 25TH ST. STREET ADDRESS STREET ADDRESS CITY - ST- ZIP RIVIERA BCH, FL 33404 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition ST JOHNSON, ANNIE NAME NAME 12145 REGAL CT STREET ADDRESS STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-7IP CITY-ST-7IP OVERSTREEL, DEBORAH ☐ Addition TITLE ☐ Delete TITLE ☐ Change 1128 APT D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-ZIP CANADY, EDDIE □ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS 1481 N. MANGONIA CIRCLE STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY - ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: