

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90032 018 \*\*\*\*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**



07152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JOHNSON, JOHN
STREET ADDRESS	1815 PINEHURST DRIVE
CITY-ST-ZIP	W.PALM BCH., FL
TITLE	TD
NAME	MARTIN, BONITA B
STREET ADDRESS	224 SUPERIOR
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	JONES, HAZEL
STREET ADDRESS	421 W. 25TH ST.
CITY-ST-ZIP	RIVIERA BCH, FL 33404
TITLE	D
NAME	SPENCER, ARLINGTON
STREET ADDRESS	5704 DRIFTWOOD
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP
NAME	OVERSTREEL, DEBORAH
STREET ADDRESS	1128 APT D
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	CANADY, EDDIE
STREET ADDRESS	1481 N. MANGONIA CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

12. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bonita B Martin*  
Date *July 22, 2007* Daytime Phone # *561-818-6248*

ATTACHMENT

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Add

40127271  
#715376

Annie Johnson  
12145 Regal Ct North  
Wellington, FL 33414

D

James W. Martin  
234 Superior Place  
West Palm Beach, FL 33409

D

Gonita B Martin  
July 22, 2007