

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90045 011 ****70.00

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**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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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

Date

Daytime Phone #

Bonita B Martin *Bonita B Martin* *5-3-08* *(561)-818-6248*

ATTACHMENT

40112505

ADD to l.o.s. # 715376

① James W. Martin
224 Superior Place
West Palm Beach, FL 33409

① Annje Martin-Johnson
12145 Regal Court North
Wellington, FL 33414