

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5596

B 5722

C

DOCUMENT # 733841

(1)

1. Corporation Name

MIRACLE BY FAITH REVIVAL CENTER OF SOUTH BAY, IN  
C.

Principal Place of Business

TH BAY, INC.  
569 SOUTHWEST 14TH ST.  
BELLE GLADE FL 33430

Mailing Address

TH BAY, INC.  
569 SOUTHWEST 14TH ST.  
BELLE GLADE FL 33430



3. Date Incorporated or Qualified  
09/17/1975

3a. Date of Last Report  
04/06/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
59-2256914

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MONTGOMERY, THOMAS  
1 SE AVE 'E'  
BELLE GLADE, FL  
33430

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

HUMPHREY, BERRY

STREET ADDRESS

569 SW 14TH ST

CITY-ST-ZIP

BELLE GLADE, FL 00000

TITLE

D

NAME

DEAR, JANE LEE

STREET ADDRESS

2 A CARVER

CITY-ST-ZIP

BELLE GLADE, FL 00000

TITLE

M

NAME

JOHNSON, MARY ALICE

STREET ADDRESS

608 S.W. 13TH ST.

CITY-ST-ZIP

BELLE GLADE FL

TITLE

D

NAME

LOVELY, KENNETH

STREET ADDRESS

1564 W. BLUE HERON BLVD.

CITY-ST-ZIP

RIVERA BEACH FL

TITLE

D

NAME

LOVELY, LESTER

STREET ADDRESS

180 NW 11TH AVE.

CITY-ST-ZIP

SOUTH BAY FL

TITLE

D

NAME

DORSEY WILLIE

STREET ADDRESS

151 NW 9TH AVE

CITY-ST-ZIP

SOUTH BAY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary A. Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/6/96

407-990-3111

CR2E037 (12/95)