## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name 733841

MIRACLE BY FAITH REVIVAL CENTER OF SOUTH BAY, IN

Principal Place of Business Mailing Address TH BAY, INC. TH BAY, INC. 3. Date Incorporated or Qualified 569 SOUTHWEST 14TH ST. 569 SOUTHWEST 14TH ST. 09/17/1975 BELLE GLADE FL 33430 BELLE GLADE FL 33430 4. FEI Number 59-2256914 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes **⊠** No Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **MONTGOMERY, THOMAS** Street Address (P.O. Box Number is Not Acceptable) 1 SE AVE 'E' BELLE GLADE, FL 63 33430 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition **HUMPHREY, BERRY** NAME 1.2 NAME STREET ADDRESS 569 SW 14TH ST 1.3 STREET ADDRESS BELLE GLADE, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition WILLINGHAM, JAMES NAME 2.2 NAME 1425 NW AVE E STREET ADDRESS 2.3 STREET ADDRESS BELLE GLADE, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition JOHNSON, MARY ALICE MALIF 3.2 NAME 608 S.W. 13TH ST. STREET ADDRESS 3.3 STREET ADDRESS BELLE GLADE FL CITY-ST-ZW 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition LOVELY, LESTER NAME 4. 2 NAME 180 NW 11TH AVE. STREET ADDRESS 4.3 STREET ADDRESS SOUTH BAY FL CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change 5.1 TITLE Addition **DORSEY WILLIE** MALAS 5.2 NAME 151 NW 9TH AVE STREET ADDRESS **5.3 STREET ADDRESS** SOUTH BAY FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change **61 TITLE** Addition 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** 

14. Thereby 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 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.

6.4 CITY-ST-ZIP

CITY.ST.7P

5617902111

**FILED** 

Apr 09 1998 8:00am

Secretary of State

Applied For

Not Applicable