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**Mar 08, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 733841**

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



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

3. Date Incorporated or Qualified

09/17/1975

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**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** ☐ DELETE

NAME **HUMPHREY, BERRY**  
STREET ADDRESS **569 SW 14TH ST**  
CITY-ST-ZIP **BELLE GLADE, FL 00000**

TITLE **D** ☐ DELETE

NAME **WILLINGHAM, JAMES**  
STREET ADDRESS **1425 NW AVE E**  
CITY-ST-ZIP **BELLE GLADE, FL 00000**

TITLE **M** ☐ DELETE

NAME **JOHNSON, MARY ALICE**  
STREET ADDRESS **608 S.W. 13TH ST.**  
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE

NAME **LOVELY, LESTER**  
STREET ADDRESS **180 NW 11TH AVE.**  
CITY-ST-ZIP **SOUTH BAY FL**

TITLE **D** ☐ DELETE

NAME **DORSEY WILLIE**  
STREET ADDRESS **151 NW 9TH AVE**  
CITY-ST-ZIP **SOUTH BAY FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)