

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90049 029 ****61.25

DOCUMENT # 733841

1. Entity Name
**MIRACLE BY FAITH REVIVAL CENTER OF SOUTH BAY,
INC.**



Principal Place of Business
**569 SW 14TH ST.
BELLE GLADE, FL 33430**

Mailing Address
**569 SW 14TH ST.
BELLE GLADE, FL 33430**

50014122



02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2256914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HUMPHREY, BERRY
569 SW 14TH ST
BELLE GLADE, FL 33430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLINGHAM, JAMES
1425 NW AVE E
BELLE GLADE, FL 33430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
JOHNSON, MARY ALICE
608 S.W. 13TH ST.
BELLE GLADE, FL 33430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOVELY, LESTER
180 NW 11TH AVE.
SOUTH BAY, FL 33493**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HARVEY, PAMELA
290 NW 11TH AVE.
SOUTH BAY, FL 33493**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:

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

2/6/05
Date

Daytime Phone #