

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90280 020 \*\*\*\*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**



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2256914**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$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

*Thomas Montgomery*  
Signature, typed or printed name of registered agent with title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

*3-23-06*

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUMPHREY, BERRY
STREET ADDRESS	569 SW 14TH ST
CITY, ST, ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	WILLINGHAM, JAMES
STREET ADDRESS	1425 NW AVE E
CITY, ST, ZIP	BELLE GLADE, FL 33430
TITLE	M
NAME	JOHNSON, MARY ALICE
STREET ADDRESS	608 S.W. 13TH ST.
CITY, ST, ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	LOVELY, LESTER
STREET ADDRESS	180 NW 11TH AVE.
CITY, ST, ZIP	SOUTH BAY, FL 33493
TITLE	SD
NAME	HARVEY, PAMELA
STREET ADDRESS	290 NW 11TH AVE.
CITY, ST, ZIP	SOUTH BAY, FL 33493
TITLE	<i>SD</i>
NAME	<i>J. O Patrick</i>
STREET ADDRESS	<i>569 S.W. 14th</i>
CITY, ST, ZIP	<i>Belle Glade, FL 33430</i>

**DO NOT WRITE  
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 it 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:

*Thomas Montgomery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-23-06 (56) 993-3494*  
Date Day to Phone it