2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 733841

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

Current Principal Place of Business:

569 SW 14TH ST.
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

569 SW 14TH ST.
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-2256914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HUMPHREY, BERRY
Address: 569 SW 14TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: WILLINGHAM, JAMES
Address: 1425 NW AVE E
City-St-Zip: BELLE GLADE, FL 33430

Title: M ( ) Delete
Name: JOHNSON, MARY ALICE
Address: 608 S.W. 12TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: LOVELY, LESTER
Address: 180 NW 11TH AVE.
City-St-Zip: SOUTH BAY, FL 33493

Title: SD ( ) Delete
Name: PATRICK, JD
Address: 569 SW 14TH ST
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JOHNSON M 03/20/2009

Electronic Signature of Signing Officer or Director — Date