FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:40

DOCUMENT # **739994** **(2)**

1. Corporation Name

THE MIRACLE GOSPEL HOUSE REVIVAL CENTER FOR YOUTH, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 324 WEST PALM BEACH FL 33402	P.O. BOX 324 WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified: **08/24/1977**
3a. Date of Last Report: **02/25/1994**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BANNISTER, EVELYN REV.
805 15TH ST., #4
WEST PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BANNISTER, EVELYN REV.	12 NAME	
STREET ADDRESS	805 15TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	BANNISTER, CLARENCE REV.	22 NAME	
STREET ADDRESS	805 15TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	MATHIS, LINDA	32 NAME	
STREET ADDRESS	612 4TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, DELORES	42 NAME	
STREET ADDRESS	809 20TH ST #4	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rev Evelyn Bannister 4/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047716