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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 739994

(2)

THE MIRACLE GOSPEL HOUSE REVIVAL CENTER FOR YOUT H, INCORPORATED

Principal Place of Business Mailing Address P.O. BOX 324 P.O. BOX 324 WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402 Date Incorporated or Qualified 08/24/1977 3a. Date of Last Report 04/14/1995 2. Principal Place of Business Mailing Address 26 NOT APPLICABLE Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable 22 27 5. Certificate of Status Desired \$8.75 Additional City & State Fee Required City & State 23 6. Election Campaign Financing 28 \$5.00 May Be Žφ Country Trust Fund Contribution Ζip Added to Fees Country 24 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 9. Name and Address of Current Registered Agent Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent 81 Name BANNISTER, EVELYN REV. 805 15TH ST., #4 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83 84 City 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (12/95)DELETE 11 TITLE BANNISTER, EVELYN REV. NAME ☐ Change Addition 1.2 NAME 805 15TH STREET STREET ADDRESS CR2E037 WEST PALM BEACH FL 33401 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY-ST-ZIF TITLE DELETE 2.1 TITLE NAME BANNISTER, CLARENCE REV. ☐ Change Addition 805 15TH STREET 2.2 NAME STREET ADDRESS WEST PALM BEACH FL 2.3 STREET AUDRESS CiTY-ST-ZIP TITLE 2 4 CHTY - ST - ZIP DELETE 3.1 TITLE MATHIS, LINDA NAME Change Addition 3.2 NAME 612 4TH STREET STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP TITLE 34. CITY-ST-ZIP DELETE 4.1 TITLE SMITH, DELORES NAME Change Addition 4. 2 NAME 809 20TH ST #4 STREET ADDRESS 4.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP TITLE 4.4 CITY - ST - ZIP DELETE 5.1 TIME NAME ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY - ST - ZIP DELETE 61 TITLE NAME ☐ Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

RE: KOV. EV SIGNATURE AND THEO OF SIGNAND OFFICER OF THE CTO

16/96 407/655-0884