FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE MIRACLE GOSPEL HOUSE REVIVAL CENTER FOR YOUT

H, INCORPORATED					
Principal Place of Business		Malling Address			
P.O. BOX 324 WEST PALM BEACH FL 33402 P.O. BOX 324 WEST PALM BEACH FL 33402			FL 33402		3. Date Incorporated or Qualified 08/24/1977 4. FEI Number NOT APPLICABLE Not Applicable
Principal Place of Business 1		2e. Mailing Address 26			Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes \(\subseteq \text{No} \)
Zip 24	Country 25	Zip 29	30 Co	ountry	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	it Registered Agent	~ ~ ~	T.	10. Name and Address of New Registered Agent
BANNISTER, EVELYN REV.				81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)
805 15TH ST., #4 WEST PALM BEACH FL 33401				83	
				64 City	FL 85 Zip Code
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 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 617.0503, Florida Statutes. SIGNATURE Rev. F. Vel. Vol. 15 ANN 15 Ter. Rev. Bull. Bull. Bull. Bull. Bull. Bull. 15 Ter. 16 Ter. 17 Ter. 17 Ter. 17 Ter. 18 Ter. 19 Ter. 1					
SIGNATURE	Signature, typed or printed name // registered abo	on and the is applicable.	(NOTE: Hegiste	red Agent signature equ	Wilmielle 10102 47/78 Ulred when reinstaling) DATE
12.	OFFICERS AN	D DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	E 1.1	TITLE	☐ Change ☐ Addition
NAME	Bannister, evelyn rev.		1.2	NAME	
STREET ADDRESS	805 15TH STREET		1.3	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 3340	<u>1</u>	1,4	CITY-ST-ZIP	
TITLE	DVP	☐ DELETI	E 2.1	TITLE	☐ Change ☐ Addition
NAME	BANNISTER, CLARENCE REV	•	2.2	NAME	
STREET ADDRESS	805 15TH STREET		2.3	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4	I CITY-ST-ZIP	
TITLE	DS	☐ DELETI	B.1	TITLE	☐ Change ☐ Addition
NAME	Mathis, Linda		3.2	NAME	
STREET ADDRESS	612 4TH STREET		3.3	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL			. CITY-ST-ZIP	
TITLE	DT	☐ DELETI	E 4.1	TITLE	Change Addition
NAME	SMITH, DELORES		4. 2	NAME	and the T
STREET ADDRESS	809 20TH ST #4		4.3	STREET ADDRESS	452 100 1111 DA TIME
CITY-ST-ZIP	WEST PALM BEACH FL		4.4	CITY-ST-ZIP	45-2 10 STW. P.B. F/33401

CITY-ST-ZIP 14. 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 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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

DELETE

☐ DELETE

FILED

Feb 16 1998 8:00am

Secretary of State

Addition