

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739994

1. Entity Name

THE MIRACLE GOSPEL HOUSE REVIVAL CENTER FOR YOUT

Principal Place of Business

P.O. BOX 324
WEST PALM BEACH FL 33402

Mailing Address

P.O. BOX 324
WEST PALM BEACH FL 33402

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
REVEREND EVELYN BANNISTER

Street Address (P.O. Box Number is Not Acceptable)

3800 N.AUSTRALIAN AVE.

City
WEST PALM BEACH FL 33407 FL Zip Code

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.

SIGNATURE REVEREND EVELYN BANNISTER PASTOR 04/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BANNISTER, EVELYN REV.
805 15TH STREET
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BANNISTER, CLARENCE REV.
805 15TH STREET
WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MATHIS, LINDA
612 4TH STREET
WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
SMITH, DELORES
452 10TH ST
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3800 N.AUSTRALIAN AVE.
WEST PALM BEACH FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3800 N. AUSTRALIAN AVE.
WEST PALM BEACH FL 33407

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Reverend Evelyn Bannister 04/19/01 (561) 844-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90045 038 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)