

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90039 015 ****70.00

DOCUMENT # 7399994

1. Entity Name

**THE MIRACLE GOSPEL HOUSE REVIVAL CENTER FOR
YOUTH, INCORPORATED**



Principal Place of Business

P.O. BOX 324
WEST PALM BEACH FL 33402

Mailing Address

P.O. BOX 324
WEST PALM BEACH FL 33402

94030004



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

**BANNISTER, EVELYN REV.
3800 N. AUSTRALIAN AVE.
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Reverend Evelyn Bannister
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

03/18/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BANNISTER, EVELYN REV. ☐ Delete
STREET ADDRESS 6848 HALF MOON DR.
CITY- ST- ZIP WEST PALM BEACH FL 33407

TITLE DVP
NAME BANNISTER, CLARENCE REV. ☐ Delete
STREET ADDRESS 6848 HALF MOON DR.
CITY- ST- ZIP WEST PALM BEACH FL 33407

TITLE DS
NAME BANISTER, VICTOR ☐ Delete
STREET ADDRESS 575 DATE PALMER
CITY- ST- ZIP LAKE PARK FL 33403

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

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 *03/18/04 (561) 844-3161*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #