


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90216 013 ****70.00

DOCUMENT # 739994 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BANNISTER, EVELYN REV. 3800 N. AUSTRALIAN AVE. WEST PALM BEACH FL 33407			Name <u>Rev. Evelyn Bannister</u> Street Address (P.O. Box Number is Not Acceptable) <u>3800 N. AUSTRALIAN AVE</u> City <u>West Palm Beach</u> FL <u>33407</u>		
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 <u>Rev. Evelyn Bannister</u> 02/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANNISTER, EVELYN REV.		NAME		
STREET ADDRESS	6848 HALF MOON DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANNISTER, CLARENCE REV.		NAME		
STREET ADDRESS	6848 HALF MOON DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANISTER, VICTOR		NAME		
STREET ADDRESS	575 DATE PALMER		STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DELORES		NAME		
STREET ADDRESS	452 10TH ST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Rev. Evelyn Bannister</u>			02/20/05 (561) 844-3161 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

30010010



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☐

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