

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90036 020 ****61.25

DOCUMENT # 758527

1. Entity Name

**MIRACLE REVIVAL DELIVERANCE CHURCH OF BELLE
GLADE, INC.**



Principal Place of Business

**533 S.W. 7TH STEET
BELLE GLADE FL 33430**

Mailing Address

**1329 W. 10TH ST.
RIVIERA BEACH FL 33404**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2618303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMER LEAN FOSTER
1329 W 10TH ST.
RIVIERA BEACH FL 33404**

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

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
Due By May 1, 2006**

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 PD ☐ Delete
NAME FOSTER, JOSEPH L
STREET ADDRESS 1329 W. 10TH ST.
CITY-ST-ZIP RIVIERA BEACH FL

TITLE VPVD ☐ Delete
NAME FOSTER, COMERLEAN
STREET ADDRESS 1329 W 10TH ST
CITY-ST-ZIP WEST PALM BEACH FL 33404

TITLE S/D ☐ Delete
NAME FOSTER, BRENDA L
STREET ADDRESS 1329 W 19TH ST
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D ☐ Delete
NAME DAVIS, GEORGIA M
STREET ADDRESS 633 SW 6 ST
CITY-ST-ZIP BELLE GLADE FL 33430

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

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

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

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Katie Smith
CITY-ST-ZIP 715 M.H.P. Lot 22
Belle Glade, FL 33430

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Comer L. Foster - Comer L. Foster* 01-26-2006 561-842-5463