

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 758527**

1. Entity Name

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



Principal Place of Business

533 S.W. 7TH STREET  
BELLE GLADE FL 33430

Mailing Address

1329 W. 10TH ST.  
RIVIERA BEACH FL 33404

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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, 2007**

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	<input type="checkbox"/> Delete
NAME	FOSTER, JOSEPH L	
STREET ADDRESS	1329 W. 10TH ST.	
CITY-STATE-ZIP	RIVIERA BEACH FL	

TITLE	VP/D	<input type="checkbox"/> Delete
NAME	FOSTER, COMERLEAN	
STREET ADDRESS	1329 W 10TH ST	
CITY-STATE-ZIP	WEST PALM BEACH FL 33404	

TITLE	S/D	<input type="checkbox"/> Delete
NAME	FOSTER, BRENDA L	
STREET ADDRESS	1329 W 19TH ST	
CITY-STATE-ZIP	RIVIERA BEACH FL 33404	

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, GEORGIA M	
STREET ADDRESS	633 SW 6 ST	
CITY-STATE-ZIP	BELLE GLADE FL 33430	

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, KATIE	
STREET ADDRESS	715 M.H.P. LOT 22	
CITY-STATE-ZIP	BELLE GLADE FL 33430	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000621761	
STREET ADDRESS	02/12/07-80029-024	
CITY-STATE-ZIP	61.25	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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CITY-STATE-ZIP		

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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-2007

561-842-5463