2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 758527

Entity Name: MIRACLE REVIVAL DELIVERANCE CHURCH OF BELLE GLADE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2618303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOSTER, JOSEPH L,
Address: 1329 W. 10TH ST.
City-St-Zip: RIVIERA BEACH, FL

Title: VPVD ( ) Delete
Name: FOSTER, COMERLEAN
Address: 1329 W 10TH ST
City-St-Zip: WEST PALM BEACH, FL 33404

Title: SD ( ) Delete
Name: BRENDA, FOSTER L
Address: 1329 W 10TH ST.
City-St-Zip: WEST PALM BEACH, FL 33404

Title: D ( ) Delete
Name: FISHER, JUANITA
Address: 577 SW 5TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: SMITH, KATIE
Address: 715 M.H.P. LOT 22
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FOSTER, JOSEPH L
Address: 1329 W. 10TH ST.
City-St-Zip: RIVIERA BEACH, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COMER L. FOSTER VP 01/14/2009

Electronic Signature of Signing Officer or Director — Date