


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001658 1. Entity Name MIRACLE BY FAITH COMMUNITY DEVELOPMENT, INC.	
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Principal Place of Business 569 S.W. 14TH STREET BELLE GLADE, FL 33430	Mailing Address 569 S.W. 14TH STREET BELLE GLADE, FL 33430
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02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0988428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUMPHERY, BERRY 569 S.W. 14TH STREET BELLE GLADE, FL 33430	<p>DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMPHREY, BERRY 569 S.W. 14TH STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, MARY 569 S.W. 14TH STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, MELVIA 569 S.W. 14TH STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PATRICK, J.D 569 SW 14TH ST. BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, PAMELA 290 NW 11TH AVE SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000221561
02/09/05-80036-021 61.25

DO NOT WRITE IN THIS SPACE

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: *Mary Johnson* **2/6/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #