

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90280 019 ****61.25

DOCUMENT # N00000001658 1. Entity Name MIRACLE BY FAITH COMMUNITY DEVELOPMENT, INC.					
Principal Place of Business 569 S.W. 14TH STREET BELLE GLADE, FL 33430			Mailing Address 569 S.W. 14TH STREET BELLE GLADE, FL 33430		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0988428	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUMPHERY, BERRY 569 S.W. 14TH STREET BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and the taxpayer</small> </div> <div style="width: 20%; text-align: center;"> 3-23-06 <small>DATE</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when re-instating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HUMPHREY, BERRY 569 S.W. 14TH STREET BELLE GLADE, FL 33430	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SD JOHNSON, MARY 569 S.W. 14TH STREET BELLE GLADE, FL 33430	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	TD THOMAS, MELVIA 569 S.W. 14TH STREET BELLE GLADE, FL 33430	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MD PATRICK, J.D 569 SW 14TH ST. BELLE GLADE, FL 33430	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D HARVEY, PAMELA 290 NW 11TH AVE SOUTH BAY, FL 33493	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-23-06 (56) 993-3494 <small>Date</small>	