

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**


01-25-2007 90039 043 \*\*\*\*61.25

60006632



01232007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0988428** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|  |  |  |   |   |                                 |
|--|--|--|---|---|---------------------------------|
| <b>DOCUMENT # N00000001658</b>   |  |  |   |    |                                 |
| 1. Entity Name<br><b>MIRACLE BY FAITH COMMUNITY DEVELOPMENT, INC.</b>  |  |  |   |   |                                 |
| Principal Place of Business<br><b>569 S.W. 14TH STREET<br/>BELLE GLADE, FL 33430</b>   |  |  | Mailing Address<br><b>569 S.W. 14TH STREET<br/>BELLE GLADE, FL 33430</b>            |   |                                 |
| 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   | 4. FEI Number<br><b>65-0988428</b>  |                                 |
| 5. Name and Address of Current Registered Agent<br><b>HUMPHERY, BERRY<br/>569 S.W. 14TH STREET<br/>BELLE GLADE, FL 33430</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE _____  |  |  |   |   |                                 |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2007</b>  |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | 5.00 May Be<br>Added to Fees    |
| Make check payable to<br>Florida Department of State   |  |  |   |   |                                 |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                               |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>HUMPHREY, BERRY<br>569 S.W. 14TH STREET<br>BELLE GLADE, FL 33430 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>JOHNSON, MARY<br>569 S.W. 14TH STREET<br>BELLE GLADE, FL 33430   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>THOMAS, MELVIA<br>569 S.W. 14TH STREET<br>BELLE GLADE, FL 33430  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MD<br>PATRICK, J.D<br>569 SW 14TH ST.<br>BELLE GLADE, FL 33430         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HARVEY, PAMELA<br>290 NW 11TH AVE<br>SOUTH BAY, FL 33493          | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |
| 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: <i>Mary Johnson</i><br>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | 1-23-07<br>Date   |   | 561-993-3494<br>Daytime Phone # |