

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001658

FILED
Jan 07, 2008
Secretary of State

Entity Name: MIRACLE BY FAITH COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

569 S.W. 14TH STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

569 S.W. 14TH STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0988428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONIA A. ROBERTS, P.A.
1100 NORTH MAIN STREET, STE C
BELLE GLADE, FL 33430 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: HUMPHREY, BERRY
Address: 569 S.W. 14TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: JOHNSON, MARY
Address: 569 S.W. 14TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: THOMAS, MELVIA
Address: 569 S.W. 14TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: MD () Delete
Name: PATRICK, J.D.
Address: 569 SW 14TH ST.
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARY JOHNSON

SD

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date