

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008329

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** DELIVERANCE MIRACLE REVIVAL CENTER OF BRADENTON INC.

**Current Principal Place of Business:**

2112 14TH AVE. E.  
BRADENTON, FL 34208

**New Principal Place of Business:**

1678 INDEPENDENCE BLVD.  
SARASOTA, FL 34234

**Current Mailing Address:**

PO BOX 49772  
SARASOTA, FL 34230

**New Mailing Address:**

501 HABEN BLVD.  
404  
PALMETTO, FL 34221

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOWENS, JACQUELINE  
2112 14TH AVE. E  
BRADENTON, FL 34298      US

**Name and Address of New Registered Agent:**

BOWENS, JACQUELINE  
501 HABEN BLVD.  
404  
PALMETTO, FL 34221      US

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: JACQUELINE BOWENS

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: BOWENS, JACQUELINE D  
Address: 2112 14TH AVE. E  
City-St-Zip: BRADENTON, FL 34208

Title: VP                      ( ) Delete  
Name: SIMON, TROY A SR.  
Address: 2112 14TH AVE. E  
City-St-Zip: BRADENTON, FL 34208

Title: A                      ( ) Delete  
Name: BOWENS, LISA M  
Address: 2106 54TH AVE. DR. W  
City-St-Zip: BRADENTON, FL 34207

Title: B                      ( ) Delete  
Name: BOWENS, VALENCIA  
Address: 2112 14TH AVE. E  
City-St-Zip: BRADENTON, FL 34208

Title: C                      ( ) Delete  
Name: MERINO, CHARLES A JR.  
Address: 2106 54TH AVE. DR. W  
City-St-Zip: BRADENTON, FL 34207

Title: E                      ( ) Delete  
Name: ROZIER, DAMON  
Address: 501 HABEN BLVD UNIT 504  
City-St-Zip: PALMETTO, FL 34220

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P                      (X) Change ( ) Addition  
Name: BOWENS, JACQUELINE D  
Address: 501 HABEN BLVD. #404  
City-St-Zip: PALMETTO, FL 34221

Title: VP                      (X) Change ( ) Addition  
Name: SIMON, TROY A SR.  
Address: 501 HABEN BLVD. #404  
City-St-Zip: PALMETTO, FL 34221

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

Title: B                      (X) Change ( ) Addition  
Name: BOWENS, VALENCIA  
Address: 501 HABEN BLVD. #404  
City-St-Zip: PALMETTO, FL 34221

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: JACQUELINE BOWENS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date