

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