

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008329

FILED
Feb 16, 2010
Secretary of State

Entity Name: DELIVERANCE MIRACLE REVIVAL CENTER OF BRADENTON INC.

Current Principal Place of Business:

1678 INDEPENDENCE BLVD.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

501 HABEN BLVD.
404
PALMETTO, FL 34221

New Mailing Address:

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

Name and Address of Current Registered Agent:

BOWENS, JACQUELINE
501 HABEN BLVD.
404
PALMETTO, FL 34221 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: P
Name: BOWENS, JACQUELINE D
Address: 501 HABEN BLVD. #404
City-St-Zip: PALMETTO, FL 34221

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

Title: A
Name: BOWENS, LISA M
Address: 2125 16TH AVE. E. #V171
City-St-Zip: BRADENTON, FL 34208

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

Title: C
Name: MERINO, CHARLES A JR.
Address: 2125 16TH AVE. E. #V171
City-St-Zip: BRADENTON, FL 34208

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

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE BOWENS

P

02/16/2010

Electronic Signature of Signing Officer or Director

Date