


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 032 ****61.25

DOCUMENT # N30541	
1. Entity Name	
THE MIRACLE REVIVAL DELIVERANCE CHURCH OF LEESBURG, INC.	

Principal Place of Business	Mailing Address
200 S. LAKE STREET LEESBURG FL 34748 US	200 S. LAKE STREET LEESBURG FL 34748 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
59-3014400		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURNETTE, BARBARA 12547 LONA ST TAVARES FL 32778		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PD
NAME	JOHNSON, JOHN	NAME	Robert Hopkins
STREET ADDRESS	1815 PINEHURST DR.	STREET ADDRESS	6638 Old Hwy 441
CITY-ST-ZIP	W. PALM BEACH FL	CITY-ST-ZIP	Mt. Dora FL. 32757
TITLE	VD	TITLE	VD
NAME	JOHNSON, IRENE	NAME	Frank Barnes
STREET ADDRESS	1815 PINEHURST DR.	STREET ADDRESS	1008 Loves Point Dr
CITY-ST-ZIP	W. PALM BEACH FL	CITY-ST-ZIP	Leesburg, FL. 34748
TITLE	D	TITLE	D
NAME	HOPKINS, ROBERT	NAME	Chester McCloud
STREET ADDRESS	6638 OLD HWY 441	STREET ADDRESS	219 S. Ingraham Ave
CITY-ST-ZIP	MT DORA FL	CITY-ST-ZIP	Tavares, FL. 32778
TITLE	D	TITLE	S
NAME	FOSTER, JOSEPH L	NAME	Johnnie M. Barnes
STREET ADDRESS	595 FOURTH STREET	STREET ADDRESS	1008 Loves Point Dr.
CITY-ST-ZIP	RIVIERA BEACH FL 33407	CITY-ST-ZIP	Leesburg, FL. 34748
TITLE	D	TITLE	C
NAME	CANADY, FREDDIE	NAME	Rosa Hopkins
STREET ADDRESS	214 N. BLOXAM AVENUE	STREET ADDRESS	6638 Old Hwy 441
CITY-ST-ZIP	TAVARES FL	CITY-ST-ZIP	Mt. Dora FL. 32757
TITLE	T	TITLE	
NAME	CANADY, CHRISTINE	NAME	
STREET ADDRESS	214 BLOXAM AVE	STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Christine Canady Christine Canady 4-19-06 (352)551-7222