

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30541

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE MIRACLE REVIVAL DELIVERANCE CHURCH OF LEESBURG, INC.

Current Principal Place of Business:

200 S. LAKE STREET
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

200 S. LAKE STREET
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-3014400 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURNETT, BARBARA
12547 LONA ST
TAVARES, FL 32778 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: HOPKINS, ROBERT
Address: 6638 OLD HWY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: VD () Delete
Name: BARNES, FRANK
Address: 1008 LOVES POINT DR
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: BARNES, JOHNNIE M
Address: 1008 LOVES POINT DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: MCCLOUD, CHESTER
Address: 219 SOUTH INGRAHAM AVE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: CANADY, FREDDIE
Address: 214 N. BLOXAM AVENUE
City-St-Zip: TAVARES, FL

Title: T () Delete
Name: CANADY, CHRISTINE
Address: 214N BLOXHAM AVE
City-St-Zip: TAVARES, FL 32778

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:

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: CHRISTINE CANADY

T

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date