

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33601

FILED
Apr 29, 2009
Secretary of State

Entity Name: MIRACLE DELIVERANCE HEALING REVIVAL CENTER, INC.

Current Principal Place of Business:

1500 FLORIDA AVENUE E.
MELBOURNE, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

1551 ROXBURY COURT N.E.
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-2966503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEYWAYD, ELIZABETH
1551 ROXBURY CT. NE
PALM BAY, FL 32905 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: D () Delete
Name: HEYWARD, ELIZABETH
Address: 1551 ROXBURY CT. NE
City-St-Zip: PALM BAY, FL

Title: D () Delete
Name: SMITH, SUZIE
Address: 905 POPLAR LANE
City-St-Zip: MELBOURNE, FL

Title: D () Delete
Name: LANGLEY, BETTY
Address: 3404 JAMES ST.
City-St-Zip: MELBOURNE, FL

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:

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: ELIZABETH HEYWARD

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date