

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39801 (8)
1. Corporation Name
MIRACLE BY FAITH DEVELOPMENT CORPORATION



Principal Place of Business
**569 SW 14TH STREET
BELLE GLADE FL 33430**

Mailing Address
**569 SW 14TH STREET
BELLE GLADE FL 33430**

3. Date Incorporated or Qualified
08/31/1990

3a. Date of Last Report
04/06/1995

4. FEI Number
65-0213237

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONTGOMERY, THOMAS
1 SE AVENUE E
BELLE GLADE FL 33430**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUMPHREY, BERRY	
STREET ADDRESS	569 SW 14TH ST.	
CITY - ST - ZIP	BELLE GLADE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STINSON, HARRY O.	
STREET ADDRESS	1312 W. 7TH ST.	
CITY - ST - ZIP	RIVERA BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARY ALICE	
STREET ADDRESS	608 SW 12TH ST.	
CITY - ST - ZIP	BELLE GLADE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RILEY, STEVE	
STREET ADDRESS	405A PREWITT VILLAGE	
CITY - ST - ZIP	BELLE GLADE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LOVELY, LESTER	
STREET ADDRESS	180 NW 11TH AVE.	
CITY - ST - ZIP	SOUTH BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary A. Johnson
Secretary

4/25/96

407-790-2111

CR2E037 (12/95)