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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33430-3726**



3. Date Incorporated or Qualified **08/31/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, BERRY	1.2 NAME	
STREET ADDRESS	569 SW 14TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON, HARRY O.	2.2 NAME	
STREET ADDRESS	1312 W. 7TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	RIVERA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARY ALICE	3.2 NAME	
STREET ADDRESS	608 SW 12TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, STEVE	4.2 NAME	
STREET ADDRESS	405A PREWITT VILLAGE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	4.4 CITY - ST - ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELY, LESTER	5.2 NAME	
STREET ADDRESS	180 NW 11TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTH BAY FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary A. Johnson* **Mary A. Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 **561-790-2111**
Date Daytime Phone # 0041970

CR2E037 (9/96)