

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90133 039 ****61.25

DOCUMENT # N95000005206

1. Entity Name

MORNING REVIVAL DELIVERANCE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**19710 N.W. 33 AVENUE
 MIAMI, FL 33056-2322**

**19710 N.W. 33 AVENUE
 MIAMI, FL 33056-2322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0658157

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRONG, RHODESSIA
 19710 NW 33RD AVE
 MIAMI, FL 33056**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	STRONG, RHODESSIA	
STREET ADDRESS	19710 NW 33RD AVE	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRONG, SAMUEL J JR	
STREET ADDRESS	19710 NW 33RD AVE	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLON, DAVID	
STREET ADDRESS	1775 NW 185TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, MARY L	
STREET ADDRESS	900 COLONY POINT CIR #509	
CITY-ST-ZIP	PEMBROOKE PINES, FL 33026	
TITLE	Brenda M. Ingram II	<input type="checkbox"/> Delete
NAME	Brenda M. Ingram II	
STREET ADDRESS	16920 NW 40th Ave	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda M. Ingram, II	
STREET ADDRESS	16920 NW 40th Ave	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Eddington	
STREET ADDRESS	2990 NW 170th St.	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Rhodesia Strong* **RECEIVED** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **429-02 305625-2319**

B0113404



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)