2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90052 043 ****61.25

DOCUMENT # 741904

1. Entity Name

MIRACLE OUTREACH MINISTRIES INC.

Principal Place of Business	Mailing Address
9252 SAN JOSE BLVD.#2804 JACKSONVILLE FL 32257-9205	9252 SAN JOSE BLVD.#2804 JACKSONVILLE FL 32257-9205

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
1537 Millcreek Rd	9252 San Jose Blvd. 2804
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2804
City & State: Jacksonville Fla	City & State: Jacksonville, Fl
Zip: 32211 Country: Usa	Zip: 32257 Country: Usa

4. FEI Number 59-1798553 ☐ 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
HOLLIDAY, KATHERYN P. 9252 SAN JOSE BLVD #2804 JACKSONVILLE FL 32217	Name: Katheryn Holliday Street Address (P.O. Box Number is Not Acceptable): 9252 San Jose Blvd 2804 City: Jacksonville FL Zip Code 32257

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Katheryn Holliday 2/2/04
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLLIDAY, PATRICIA R.,DR 9252 SAN JOSE BLVD #2804 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLIDAY, ALEXANDER V 9252 SAN JOSE BLVD #2804 JACLSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOLLIDAY, KATHERYN P. 9252 SAN JOSE BLVD #2804 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Katheryn Holliday 2/2/04 Katheryn Holliday
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #