2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005200

FILED Apr 30, 2004 Secretary of State

Entity Name: MIRACLE VALLEY CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1930 N.W. VIAMI, FL					
Current Mailing Address:		New Maili	New Mailing Address:		
1930 N.W. MIAMI, FL					
El Number:	65-1101829	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
MCCRAY, 1930 N.W. MIAMI, FL	70 ST.				
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			gent	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Address: City-St-Zip:	PDC (MCCRAY, NOF 1930 N W 70T MIAMI, FL 33'	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	VD (CLARK, JOSE 20231 NW 43 MIAMI, FL 330	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	TD (TIBBS, ELIZAE 1776 N W 57T MIAMI, FL 33	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	SD (GREEN, STEP 1920 N W 55T MIAMI, FL 33'	H TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D (ALSTON, HER 1930 N W 70T MIAMI, FL 33	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
orly-or-zip.			Title:	D (X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH G CLARK VD 04/30/2004