2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# N03000009519

Entity Name: MIRACLE HOUSE OF HEALING MINISTRY INC.

Current Principal Place of Business:

418 S. SANFORD AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1022 W. 12TH STREET
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-0413013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ONEAL, SHELIA
1022 W. 12TH STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

WILLIAMS, WILLIE C
1614 ROBLE LANE
DELTONA, FL 32738 US

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: WILLIE WILLIAMS 01/12/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, THOMAS
Address: 1022 W. 12TH STREET
City-St-Zip: SANFORD, FL 32771

Title: VD ( ) Delete
Name: WILLIAMS, PATRICA
Address: 1022 W. 12TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete
Name: MOORE, LINTON
Address: 1022 W. 12TH STREET
City-St-Zip: SANFORD, FL 32771

Title: M ( ) Delete
Name: JOHNSON, ELIZABETH
Address: 1022 W. 12TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: SCOTT, QUTONYA
Address: 1022 W. 12TH STREET
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS WILLIAMS PD 01/12/2004
Electronic Signature of Signing Officer or Director Date