

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90028 044 ****61.25



DOCUMENT # N03000009970

1. Entity Name
MIRACLE TEMPLE COMMUNITY CHURCH, INC.

Principal Place of Business
**39831 RILEY AVE
 ZEPHYRHILLS, FL 33542**

Mailing Address
**39831 RILEY AVE
 ZEPHYRHILLS, FL 33542**

2. Principal Place of Business
39831 Riley Avenue
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box
 Suite, Apt. #, etc.



01142004 Chg-NP CR2E037 (10/03)

City & State
Zephyrhills, FL
 Zip **33542** Country **USA**

City & State
Zephyrhills, FL
 Zip **33539** Country **USA**

4. FEI Number
20-0114996

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MATHIS, CARLOTTA S
 39831 RILEY AVE
 ZEPHYRHILLS, FL 33542**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE	P	<input type="checkbox"/> Delete
NAME	PARKER, BENNIE	
STREET ADDRESS	50238 SUNBURST LANE	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATHIS, ANTOINETTE L	
STREET ADDRESS	5605 MATHIS ST	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, THEODORE E L	
STREET ADDRESS	9036 23 ST	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHIS, HENRY	
STREET ADDRESS	5605 MATIS ST	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATHIS, MARGARET	
STREET ADDRESS	5605 MATIS ST	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATHIS, GREGORY K	
STREET ADDRESS	9042 23 STREET ST	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, Bennie, Jr.	
STREET ADDRESS	7920 Apache Lane	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYD, Nayrone	
STREET ADDRESS	5337 Frieg Lane	
CITY-ST-ZIP	Wesley Chapel, FL 33540	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, Gregory K.	
STREET ADDRESS	9042 23rd Street	
CITY-ST-ZIP	Zephyrhills, FL, 33540	
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: *Antoinette L. Mathis* **Antoinette L. Mathis** **2/14/04** **813-788-9994**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #