

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001510

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** MOUNTAIN OF FIRE AND MIRACLES MINISTRIES MIAMI INC

**Current Principal Place of Business:**

15984 NW 27TH AVENUE  
MIAMI GARDENS, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

15984 NW 27TH AVENUE  
MIAMI GARDENS, FL 33054 US

**New Mailing Address:**

FEI Number: 83-0451759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, TUTU PASTOR  
15984 NW 27TH AVENUE  
MIAMI GARDENS, FL 33054 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: G.O.  
Name: OLUKOYA, DANIEL K DR.  
Address: 15984 NW 27TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33054 US

Title: DC  
Name: THOMAS, TUTU PASTOR  
Address: 15984 NW 27TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33054

Title: DS  
Name: GRAHAM MASON, ALBERTA  
Address: 15984 NW 27TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33054

Title: D  
Name: OYETUNJI, LAWRENCE  
Address: 15984 NW 27TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: GRAHAM MASON, ALBERTA

DS

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date