

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N03000009970

Sep 16, 2016

Entity Name: MIRACLE TEMPLE COMMUNITY CHURCH, INC.

**Secretary of State
CC2257856793**

Current Principal Place of Business:

5541 BELL AVENUE
ZEPHYRHILLS, FL 33542

Current Mailing Address:

PO BOX 621
ZEPHYRHILLS, FL 33539

FEI Number: 20-0114996

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHIS, CARLOTTA
9042 23RD STREET
ZEPHYRHILLS, FL 33540 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: CARLOTTA MATHIS

09/16/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PARKER, FRANKLIN B
Address 50238 SUNBURST LANE
City-State-Zip: DADE CITY FL 33525

Title T
Name HICKS-BOYD, NEFRETERI S
Address 29709 CEDAR WAXWING DR
City-State-Zip: WESLEY CHAPEL FL 33545

Title S
Name MATHIS, CARLOTTA
Address 9042 23RD STREET
City-State-Zip: ZEPHYRHILLS FL 33540

Title DEACON
Name BOYD, NAYRONE D
Address 29709 CEDAR WAXWING DR
City-State-Zip: WESLEY CHAPEL FL 33545

Title DIRECTOR
Name HICKS, ROSE
Address 9036 23RD STREET
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR
Name COLE, TERRENCE
Address 9036 23RD STREET
City-State-Zip: ZEPHYRHILLS FL 33540

Title PRESIDENT
Name MATHIS, GREGORY
Address 9042 23RD STREET
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR
Name COLE, MARIAMA
Address 9036 23RD STREET
City-State-Zip: ZEPHYRHILLS FL 33540

Continues on page 2

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: CARLOTTA MATHIS

SECRETARY

09/16/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PARKER, MARY
Address 50238 SUNBURST LANE
City-State-Zip: DADE CITY FL 33535