

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009970

**Entity Name:** MIRACLE TEMPLE COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

5541 BELL STREET  
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

04/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PASTOR  
Name MATHIS, GREGORY KEVIN SR.  
Address 9042 23RD STREET  
City-State-Zip: ZEPHYRHILLS FL 33540

Title ELDER  
Name PARKER, FRANKLIN B  
Address 50238 SUNBURST LANE  
City-State-Zip: DADE CITY FL 33535

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

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

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

*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**

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date