

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006191

**FILED**  
**Mar 01, 2014**  
**Secretary of State**  
**CC3113709424**

**Entity Name:** MIRACLE CENTER FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

52 W MARBRISA WAY  
KISSIMMEE, FL 34743

**Current Mailing Address:**

P.O. BOX 450671  
KISSIMMEE, FL 34745 US

**FEI Number: 87-0743058**

**Certificate of Status Desired: Yes**

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

GREAR, ALBERT JR  
440 AVE C  
WAVERLY, FL 33877 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CP  
Name LACOUNT, ELIJAH  
Address P.O. BOX 450671  
City-State-Zip: KISSIMMEE FL 34745

Title VCP  
Name PORTER, ALVIN  
Address 1115 E 145TH ST  
City-State-Zip: BURNSVILLE MN 55337

Title D  
Name GREAR, ALBERT  
Address 440 AVE C  
City-State-Zip: WAVERLY FL 33872

Title S  
Name LACOUNT, ANICIA  
Address 3103 TURTLE CREEK PL  
City-State-Zip: KISSIMMEE FL 34743

*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: ELIJAH LACOUNT**

**PRESIDENT**

**03/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date