


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90038 020 ****61.25

DOCUMENT # 704471			
1. Entity Name VOLUNTARY MIRACLE CHURCH OF FAITH INC			
Principal Place of Business 4301 NW 6TH AVE MIAMI FL 33127 US		Mailing Address 4301 NW 6 AVE. MIAMI FL 33127-2641	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHARLES JOHNSON 4301 NW 6 AVE MIAMI FL 33127		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			



2nd MOORE CR2E037 (4/07)

4. FEI Number	NO-T APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SPAHN, TERESA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1340 N.W. 130 ST.	NAME	
STREET ADDRESS	MIAMI FL 33167	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D JOHNSON, PETER R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4301 NW 6 AVE	NAME	
STREET ADDRESS	MIAMI FL 33127	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD SHAW, ROSA M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4301 N.W. 6 AVE.	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D JOHNSON, CHARLES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4301 NW 6 AVE	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charles Johnson* Charles Johnson 7-17-07 (305) 733-8596