

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

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

2nd MOORE

CR2E037 (4/07)



6. Name and Address of Current Registered Agent

CHARLES JOHNSON
4301 NW 6 AVE
MIAMI FL 33127

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D SPAHN, TERESA**
STREET ADDRESS **1340 N.W. 130 ST.**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Delete
NAME **D JOHNSON, PETER R**
STREET ADDRESS **4301 NW 6 AVE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete
NAME **PD SHAW, ROSA M**
STREET ADDRESS **4301 N.W. 6 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME **D JOHNSON, CHARLES**
STREET ADDRESS **4301 NW 6 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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