2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# 707313

Entity Name: GOD'S MIRACLE MISSION INC.

Current Principal Place of Business:

14550 DR. MARTIN LUTHER KING JR. BLVD
DOVER, FL 335279802

New Principal Place of Business:

14550 DR. MARTIN LUTHER KING JR. BLVD
DOVER, FL 33527

Current Mailing Address:

GOD"S MIRACLE MISSION, INC
P O BOX 2170
LAKE PLACID, FL 33852 US

New Mailing Address:

GOD'S MIRACLE MISSION, INC
P O BOX 2170
LAKE PLACID, FL 33852 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARAWAY, RUFUS E REV
5289 NW HWY 17
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

CARAWAY, RUFUS E REV
1000 CROTON STREET
LAKE PLACID, FL 33852 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: _____ 04/13/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CARAWAY, RUFUS E REV.
Address: 1000 CROTON ST.
City-St-Zip: LAKE PLACID, FL 33852

Title: VD ( ) Delete
Name: LAMB, DAVID L REV.
Address: 14550 DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: DOVER, FL 335279802

Title: SD ( ) Delete
Name: TERESA D CARAWAY,
Address: 1000 CROTON ST
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REV RUFUS E. CARAWAY PTD 04/13/2007
Electronic Signature of Signing Officer or Director — Date