2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707313

Apr 27, 2011 Secretary of State

Entity Name: GOD'S MIRACLE MISSION INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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: Name and Address of New Registered Agent:

CARAWAY, RUFUS E REV
1000 CROTON STREET
LAKE PLACID, FL 33852 US

CARAWAY, RUFUS E REV
5289 NE CUBITIS AVE
ARCADIA, FL 34266 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: 04/27/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD

Name: CARAWAY, RUFUS E REV. Address: 5289 NE CUBITIS AVE City-St-Zip: ARCADIA, FL 34266

Title: VD

Name: LAMB, DAVID L REV.

Address: 14550 DR. MARTIN LUTHER KING JR. BLVD.

City-St-Zip: DOVER, FL 33527

Title: SD

Name: HOSTETLER, SCOTT REV

Address: 14550 DR MARTIN LUTHER KING JR BLVD

City-St-Zip: DOVER, FL 33527

Title: DD

Name: MATNEY, TRAVIS C REV Address: 1000 CROTON STREET City-St-Zip: LAKE PLACID, FL 33852

Title: DD

 Name:
 CARAWAY, SAMUEL D REV

 Address:
 1000 CROTON STREET

 City-St-Zip:
 LAKE PLACID, FL 33852

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: REV RUFUS E CARAWAY PTD 04/27/2011