2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2012
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 33527

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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 NE CUBITIS AVE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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

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 04/21/2012

Electronic Signature of Signing Officer or Director Date