2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT #713408

1. Entity Name
MIRACLE TABERNACLE INC.

FILED
04 MAR 30 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
519 GERONA RD
ST AUGUSTINE, FL 32086

Mailing Address
519 GERONA RD
ST AUGUSTINE, FL 32086

02212004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 23-7376908 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JAMES B.
519 GERONA RD.
ST. AUGUSTINE, FL 32086

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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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, JAMES B.
STREET ADDRESS	519 GERONA RD.
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	VSD
NAME	JOHNSON, RUTH C.
STREET ADDRESS	519 GERONA RD.
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	D
NAME	LOVELACE, JAMES E., JR.
STREET ADDRESS	9642 SENIC CT.
CITY-ST-ZIP	SEMMES, AL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/31/04--01019--023 **61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James B Johnson 3-25-04 3866711112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PLEASE CHANGE MY MAILING ADDRESS TO
104 SEMINOLE DR ORMOND BEACH FLA 32174
THANK YOU

James B Johnson