


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 713408		
1. Entity Name MIRACLE TABERNACLE INC.		

FILED

05 FEB 18 AM 9:40

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
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2. Principal Place of Business 104 SEMINOLE DR	3. Mailing Address 104 SEMINOLE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02092005 Chg-NP CR2E037 (10/03)

City & State Ormond Beach FLA	City & State Ormond Beach FLA
Zip 32174	Zip 32174
Country USA	Country USA

4. FEI Number 23-7376908	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JOHNSON, JAMES B. 519 GERONA RD. ST. AUGUSTINE, FL 32086	

7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) 104 SEMINOLE DR	
City Ormond Beach	FL Zip Code 32174

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JAMES B. 519 GERONA RD. ST. AUGUSTINE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, RUTH C. 519 GERONA RD. ST. AUGUSTINE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVELACE, JAMES E., JR. 9642 SENIC CT. SEMMES, AL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON JAMES B 104 SEMINOLE DR Ormond Beach FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON ANNE W 104 SEMINOLE DR Ormond Beach FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	2-18-05	386 671112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #