

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741904

FILED
Jan 05, 2009
Secretary of State

Entity Name: MIRACLE OUTREACH MINISTRIES INC.

Current Principal Place of Business:

1537 MILLCREEK RD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

9252 SAN JOSE BLVD.
2804
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-1798553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIDAY, KATHERYN P.
9252 SAN JOSE BLVD #2804
JACKSONVILLE, FL 32217 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: PD () Delete
Name: HOLLIDAY, PATRICIA R, ..DR
Address: 9252 SAN JOSE BLVD #2804
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HOLLIDAY, ALEXANDER V
Address: 9252 SAN JOSE BLVD #2804
City-St-Zip: JACKSONVILLE, FL

Title: STD () Delete
Name: HOLLIDAY, KATHERYN P, .
Address: 9252 SAN JOSE BLVD #2804
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLLIDAY, PATRICIA R, ..DR
Address: 9252 SAN JOSE BLVD #2804
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change () Addition
Name: HOLLIDAY, ALEXANDER V
Address: 9252 SAN JOSE BLVD #2804
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD (X) Change () Addition
Name: HOLLIDAY, KATHERYN P, .
Address: 9252 SAN JOSE BLVD #2804
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify 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: KATHERYN P. HOLLIDAY

SECT

01/05/2009

Electronic Signature of Signing Officer or Director

Date