

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761452

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: MIRACLE PRAYER TEMPLE, INC.

**Current Principal Place of Business:**

C/O JAMES H. BROWN  
3215 AVE Q  
FT. PIERCE, FL 34947 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JAMES H. BROWN  
P.O. BOX 0668  
FT. PIERCE, FL 34954

**New Mailing Address:**

FEI Number: 59-2384237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, JAMES H.  
5200 MATANZAS AVE  
FT. PIERCE, FL 34946 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: BROWN, JAMES H.,  
Address: 5200 MATANZAS AVE  
City-St-Zip: FT. PIERCE, FL 34946

Title: VD ( ) Delete  
Name: BROWN, PATRICIA A  
Address: 5200 MATANZAS AVE  
City-St-Zip: FORT PIERCE, FL 34946

Title: T ( ) Delete  
Name: LOPEZ, CAROL  
Address: 1203 N. 24TH ST  
City-St-Zip: FORT PIERCE, FL 34950

Title: SD ( ) Delete  
Name: MACK, SANDY  
Address: 210 N. 28TH ST.  
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete  
Name: BOOKER, ELLEN  
Address: 524 N 27TH ST.  
City-St-Zip: FORT PIERCE, FL 34947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ROBINSON, SHARON  
Address: 2906 ZORA NEALE DR.  
City-St-Zip: FORT PIERCE, FL 34947

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES H. BROWN

PD

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date