2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 761468

1. Entity Name
MIRACLE TEMPLE, INC.

Principal Place of Business	Mailing Address
567 HILLVIEW DR. ALTAMONTE SPRINGS, FL 32714	567 HILLVIEW DR. ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

02062005   No Chg-NP   CR2E037 (10/03)

4. FEI Number		Applied For
59-2654164		Not Applicable
5. Certificate of Status Desired		$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, CHARLES D
2228 HILLVIEW DRIVE
ORLANDO, FL 32810

DO NOT WRITE
IN THIS SPACE

6. 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 *Charles D Butler*   *Shana D Butler*   2-6-05

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. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD	
NAME	BUTLER, CHARLES D	
STREET ADDRESS	2230 HILLVIEW DRIVE	U00000222697
CITY-ST-ZIP	ORLANDO, FL	02/10/05-80011-024 70.00
TITLE	VD	
NAME	BUTLER, ANNIE R	
STREET ADDRESS	2230 HILLVIEW DRIVE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	SD	
NAME	EVANS, MARTHA A	
STREET ADDRESS	2228 HILLVIEW DRIVE	**DO NOT WRITE**
CITY-ST-ZIP	ORLANDO, FL	**IN THIS SPACE**
TITLE	TD	
NAME	BUTLER, LORINE	
STREET ADDRESS	2230 HILLVIEW DRIVE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charles D Butler*   2-6-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #