

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90039 019 \*\*\*\*70.00

**DOCUMENT # 763983**

1. Entity Name

MIRACLE HEALING & DELIVERANCE MINISTRIES INC.



Principal Place of Business

115 12TH ST CT W  
PALMETTO FL 34220  
US

Mailing Address

P.O. BOX 349  
PALMETTO FL 34220-0905  
US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-0244115

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, HAROLD S  
822 28TH ST CIRCLE EAST  
BRADENTON FL 34208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinitiating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
NAME OWENS, DOROTHY  
STREET ADDRESS 900 21 ST APT 55A  
CITY-STATE-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE T ☒ Delete  
NAME BARNETT, TRUDY  
STREET ADDRESS 822 28TH ST, CIRCLE EAST  
CITY-STATE-ZIP BRADENTON FL 34208

TITLE ☒ Change ☐ Addition  
NAME TRUDY BARNETT  
STREET ADDRESS 822 28TH ST, CIRCLE EAST  
CITY-STATE-ZIP BRADENTON FL 34208

TITLE DVP ☒ Delete  
NAME BARNETT, HAROLD  
STREET ADDRESS 822 28TH ST CIRCLE EAST  
CITY-STATE-ZIP BRADENTON FL 34208

TITLE ☒ Change ☐ Addition  
NAME HAROLD BARNETT  
STREET ADDRESS 822 28TH ST, C. EAST  
CITY-STATE-ZIP BRADENTON FL 34208

TITLE P ☒ Delete  
NAME OWENS, DOROTHY MOTHER  
STREET ADDRESS P.O. BOX 349  
CITY-STATE-ZIP PALMETTO FL 34221

TITLE ☒ Change ☐ Addition  
NAME P.O. BOX 349  
STREET ADDRESS PALMETTO, FL-34221  
CITY-STATE-ZIP

TITLE D ☒ Delete  
NAME DAVIS, PAMELA  
STREET ADDRESS 1818 9TH AVE  
CITY-STATE-ZIP BRADENTON FL 34208

TITLE ☒ Change ☐ Addition  
NAME PAMELA DAVIS  
STREET ADDRESS (TRUSTEE)  
CITY-STATE-ZIP 40 P.O. Box 349 - Palmetto, FL-34221

TITLE S ☐ Delete  
NAME BARNETT, TRUDY  
STREET ADDRESS 822 28TH ST. C. EAST  
CITY-STATE-ZIP BRADENTON FL 34208

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Harold S Barnett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

941-538-0705

Date

Daytime Phone #