

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763983

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** MIRACLE HEALING & DELIVERANCE MINISTRIES INC.

**Current Principal Place of Business:**

115 12TH ST CT W  
PALMETTO, FL 34220 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 349  
PALMETTO, FL 342200905 US

**New Mailing Address:**

**FEI Number:** 50-0244115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNETT, HAROLD S  
822 28TH ST CIRCLE EAST  
BRADENTON, FL 34208 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: VP ( ) Delete  
Name: OWENS, DOROTHY  
Address: 900 21 ST APT 55A  
City-St-Zip: PALMETTO, FL 34221

Title: T ( ) Delete  
Name: BARNETT, TRUDY  
Address: 822 28TH ST, CIRCLE EAST  
City-St-Zip: BRADENTON, FL 34208

Title: P ( ) Delete  
Name: BARNETT, HAROLD  
Address: 822 28TH ST CIRCLE EAST  
City-St-Zip: BRADENTON, FL 34208

Title: T ( ) Delete  
Name: OWENS, DOROTHY MOTHER  
Address: P.O. BOX 349  
City-St-Zip: PALMETTO, FL 34221

Title: T ( ) Delete  
Name: DAVIS, PAMELA  
Address: 1818 9TH AVE  
City-St-Zip: BRADENTON, FL 34208

Title: S ( ) Delete  
Name: BARNETT, TRUDY  
Address: 822 28TH ST. C. EAST  
City-St-Zip: BRADENTON, FL 34208

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

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

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: HAROLD BARNETT

P

02/17/2009

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

\_\_\_\_\_  
Date