

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763983

FILED
Apr 19, 2010
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 (X)

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
Name: OWENS, DOROTHY
Address: 1419 8TH ST. EAST
City-St-Zip: PALMETTO, FL 34221

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

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

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

Title: T
Name: DAVIS, PAMELA
Address: 1607 ATLANTA DRIVE
City-St-Zip: RUSKIN, FL 33570

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

I hereby 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 all other like empowered.

SIGNATURE: TRUDY W. BARNETT

S

04/19/2010

Electronic Signature of Signing Officer or Director

Date