

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 844910

1. Entity Name

MIRACLE CENTER MINISTRIES, INC.



Principal Place of Business
1797 OLD MOULTRIE RD.
STE. 105
ST. AUGUSTINE FL 32086
US

Mailing Address
64 SEASIDE CAPERS ROAD A1A NORTH
PO BOX 4049
ST AUGUSTINE FL 32085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number
64-0627082

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

PAINE, KAREN L
6 SURF DR
PALM COAST FL 32137

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SILVER, GREGORY 64 SEASIDE CAPERS RD ST. AUGUSTINE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD SILVER, MARLENE 64 SEASIDE CAPERS-A1A N. ST. AUGUSTINE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD PAINE, KAREN 6 SURF DR PALM COAST FL 32137 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SILVER, MICHAEL 64 SEASIDE CAPERS RD ST. AUGUSTINE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Karen L Paine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/04

(904) 824-9673

Date

Daytime Phone #