


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 844910**  
1. Entity Name  
**MIRACLE CENTER MINISTRIES, INC.**



Principal Place of Business <b>1797 OLD MOULTRIE RD. STE. 105 ST. AUGUSTINE FL 32086 US</b>	Mailing Address <b>64 SEASIDE CAPERS ROAD A1A NORTH PO BOX 4049 ST AUGUSTINE FL 32085</b>
--	--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>64-0627082</b>
City & State	City & State	Applied For Not Applicable

1st MOORE CR2E037 (10/05)

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
-----	---------	-----	---------	---

**6. Name and Address of Current Registered Agent**

**PAINE, KAREN L  
6 SURF DR  
PALM COAST FL 32137**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	U00000423397	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	02/18/06-80006-012 61.25	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY- ST- 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.