

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

FILED
Mar 14, 2007 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 64-0627082		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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

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

U00000666330
03/23/07-80066-019 61.25

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: Karen Paine Karen Paine 3/11/07 386-569-9976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #