

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90042 003 ****61.25

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 (10/07)

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

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, 2008

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 ☐ Delete
NAME SILVER, GREGORY
STREET ADDRESS 64 SEASIDE CAPERS RD
CITY- ST- ZIP ST. AUGUSTINE FL

TITLE PSD ☐ Delete
NAME SILVER, MARLENE
STREET ADDRESS 64 SEASIDE CAPERS-A1A N.
CITY- ST- ZIP ST. AUGUSTINE FL

TITLE TD ☐ Delete
NAME PAINE, KAREN
STREET ADDRESS 6 SURF DR
CITY- ST- ZIP PALM COAST FL 32137

TITLE VD ☐ Delete
NAME SILVER, MICHAEL
STREET ADDRESS 64 SEASIDE CAPERS RD
CITY- ST- ZIP ST. AUGUSTINE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Silver, Gregory
STREET ADDRESS 2790 CR13A South
CITY- ST- ZIP Elkton, FL 32033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME Silver, Michael
STREET ADDRESS 14512 Kristenwright Lane
CITY- ST- ZIP Orlando, FL 32826

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE: Karen Paine

02/17/08

904-824-9673