

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844910

FILED
Jan 26, 2009
Secretary of State

Entity Name: MIRACLE CENTER MINISTRIES, INC.

Current Principal Place of Business:

1797 OLD MOULTRIE RD.
STE. 105
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 64-0627082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAINE, KAREN L
6 SURF DR
PALM COAST, FL 32137 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: VD () Delete
Name: SILVER, GREGORY
Address: 2790 CR 13A SOUTH
City-St-Zip: ELKTON, FL 32033

Title: PSD () Delete
Name: SILVER, MARLENE,
Address: 64 SEASIDE CAPERS-A1A N.
City-St-Zip: ST. AUGUSTINE, FL

Title: TD () Delete
Name: PAINE, KAREN
Address: 6 SURF DR
City-St-Zip: PALM COAST, FL 32137

Title: VD () Delete
Name: SILVER, MICHAEL
Address: 14512 KRISTEN WRIGHT LANE
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN PAINE

TD

01/26/2009

Electronic Signature of Signing Officer or Director

Date