

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844910

FILED  
Feb 19, 2011  
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:**

6 SURF DR  
PALM COAST, FL 32137 US

**Current Mailing Address:**

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

**New Mailing Address:**

6 SURF DR  
PALM COAST, FL 32137 US

**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  
Name: PAINE, ROBERT  
Address: 6 SURF DRIVE  
City-St-Zip: PALM COAST, FL 32137

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN PAINE

TD

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date