2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F07000006191

Entity Name: MIRACLE CENTER FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

1115 E. 145 STREET
BURNSVILLE, MN 55337

New Principal Place of Business:

Current Mailing Address:

1115 E. 145 STREET
BURNSVILLE, MN 55337

New Mailing Address:

FEI Number: 87-0743058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREAR, ALBERT JR
440 AVE C
WAVERLY, FL 33877 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: CP ( ) Delete
Name: LACOUNT, ELIJAH
Address: 1638 WINDSOR OAK CT
City-St-Zip: KISSIMMEE, FL 34244

Title: VCVP ( ) Delete
Name: PORTER, ALVIN
Address: 1115 E 145TH ST
City-St-Zip: BURNSVILLE, MN 55337

Title: D ( ) Delete
Name: GREAR, ALBERT
Address: 440 AVE C
City-St-Zip: WAVERLY, FL 33872

Title: S ( ) Delete
Name: LACOUNT, ANICIA
Address: 1638 WINDSOR OAK CT
City-St-Zip: KISSIMMEE, FL 34744

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: ELIJAH LACOUNT CP 03/25/2009
Electronic Signature of Signing Officer or Director — Date