

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006191

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**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:**

P.O. BOX 451742  
KISSIMMEE, FL 34745

**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  
Name: LACOUNT, ELIJAH  
Address: P.O. BOX 451742  
City-St-Zip: KISSIMMEE, FL 34745

Title: VCV  
Name: PORTER, ALVIN  
Address: 1115 E 145TH ST  
City-St-Zip: BURNSVILLE, MN 55337

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

Title: S  
Name: LACOUNT, ANICIA  
Address: 3103 TURTLE CREEK PL  
City-St-Zip: KISSIMMEE, FL 34743

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: ELIJAH LACOUNT

MR.

02/29/2012

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

\_\_\_\_\_  
Date