## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000005200

FILED Apr 29, 2007 Secretary of State

Entity Name: MIRACLE VALLEY PRAISE AND WORSHIP CENTER, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1930 N.W. MIAMI, FL					
Current Mailing Address:			New Mailing Addre	ss:	
1930 N.W. ИІАМІ, FL					
El Number	r: 65-1101829	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
MCCRAY, NORMAN 1930 N.W. 70 ST. MIAMI, FL 33147 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.					
SIGNATUI		nic Signature of Registered Ager	nt	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Vame: Address: Dity-St-Zip: Fitle: Vame: Address: Dity-St-Zip: Fitle: Vame: Vame: Vame: Vame: Vaddress: Vame: Vaddress: Vame: Vaddress:	MCCRAY, NOF 1930 N W 70TI MIAMI, FL 331 VD ( CLARK, JOSEI 20231 NW 43 A MIAMI, FL 330 TD ( TIBBS, ELIZAE 3373 NW 35 S MIAMI, FL 331	H STREET (47  ) Delete PH G AVE. 055  ) Delete BETH TREET (42  ) Delete HANIE	Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition  ( ) Change ( ) Addition	
City-St-Zip: Fitle: Name: Address: City-St-Zip:	MIAMI, FL 331	142 ) Delete K, ALISA AVENUE	City-St-Zip:  Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: JOSEPH G CLARK VD 04/29/2007