

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT# N00000005674	
1. Entity Name MIRACLE OF GOD FAITH HEALING GOSPEL CHURCH INC.	

Principal Place of Business 1420 W. WATERS AVE, SUITE 105 TAMPA, FL 33604	Mailing Address 7309 BRIDGEVIEW CIR. #207 TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



03052004 NoChg-NP CR2E037 (10/03)

4. FEI Number 59-3676195	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAHAM, VERMELL 1111 E. WILLOW PINECT. TAMPA, FL 33604	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agents signature required where installing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000083245 03/10/04-80031-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BYRD, LEROY 2317-5TH AVE. TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAHAM, VERMELL 1111 E. WILLOW PINECT. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, SHARON 1111 E. WILLOW PINECT. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with authority to be empowered.

SIGNATURE: 	37-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #