


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 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



03312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3678195	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRAHAM, VERMELL
1111 E. WILLOW PINE CT.
TAMPA, FL 33604

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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000518762
05/02/06-80025-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BYRD, LEROY
STREET ADDRESS	2317 - 5TH AVE.
CITY-STATE-ZIP	TAMPA, FL 33605
TITLE	D
NAME	GRAHAM, VERMELL
STREET ADDRESS	1111 E. WILLOW PINE CT.
CITY-STATE-ZIP	TAMPA, FL 33604
TITLE	D
NAME	SCOTT, SHARON
STREET ADDRESS	1111 E. WILLOW PINE CT.
CITY-STATE-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: Vermell Graham **4/17/06** **(813-880-7134)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #