



FILED  
May 31, 2007 8:00 am  
Secretary of State

05-04-2007 90066 013 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N00000005674</b>		
1. Entity Name <b>MIRACLE OF GOD FAITH HEALING GOSPEL CHURCH INC.</b>		
Principal Place of Business <b>1420 W. WATERS AVE, SUITE 105 TAMPA, FL 33604</b>	Mailing Address <b>7309 BRIDGEVIEW CIR. #207 TAMPA, FL 33634</b>	<b>4119 Poplar Tampa, FL 33603</b>
<b>change of address</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		03082007 No Chg-NP CR2E037 (4/06)
		4. FEI Number <b>59-3676195</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent  <b>GRAHAM, VERMELL 1111 E. WILLOW PINE CT. TAMPA, FL 33604</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 PINE CT. TAMPA, FL 33604	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, SHARON 1111 E. WILLOW PINE CT. TAMPA, FL 33604	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Vermell &amp; Graham - Pastor</u>		<u>5-26-07</u> <u>813-231-8427</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>