

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90069 001 ***122.50

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**

66010655



DO NOT WRITE IN THIS SPACE

04032008 No Chg-NP CR2E037 (4/06)

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 PINE CT.
TAMPA, FL 33604**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-08 (813) 769-9602