

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005674

FILED
Mar 27, 2009
Secretary of State

Entity Name: MIRACLE OF GOD FAITH HEALING GOSPEL CHURCH INC.

Current Principal Place of Business:

1420 W. WATERS AVE, SUITE 105
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

7309 BRIDGEVIEW CIR.
#207
TAMPA, FL 33634

New Mailing Address:

4119 POPLAR AVENUE
#102
TAMPA, FL 33603

FEI Number: 59-3676195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BYRD, LEROY
Address: 2317 - 5TH AVE.
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: GRAHAM, VERMELL
Address: 1111 E. WILLOW PINE CT.
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: SCOTT, SHARON
Address: 1111 E. WILLOW PINE CT.
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BYRD, LEROY
Address: 8218 NORTH FLORIDA , #31
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PASTOR VERMELL GRAHAM

DIR

03/27/2009

Electronic Signature of Signing Officer or Director

Date