

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90410 029 ****61.25

DOCUMENT # N00000005674

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



Principal Place of Business
2237 WHISPERING PINE DR., A
TAMPA FL 33604

Mailing Address
2237 WHISPERING PINE DR., A
TAMPA FL 33604

2. Principal Place of Business
1420 W. Waters Ave.

3. Mailing Address
7309 Bridgeway Cir

Suite, Apt. #, etc.
Suite # 105

Suite, Apt. #, etc.
207

City & State
Tampa FL

City & State
Tampa FL

Zip
33604

Country
Hillsb.

Zip
33634

Country
Hillsb.



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Vermell Graham

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
NAME **BYRD, LEROY**
STREET ADDRESS **2317 - 5TH AVE.**
CITY-ST-ZIP **TAMPA FL 33605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D**
NAME **GRAHAM, VERMELL**
STREET ADDRESS **1111 E. WILLOW PINE CT.**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D**
NAME **SCOTT, SHARON**
STREET ADDRESS **1111 E. WILLOW PINE CT.**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

CR2E037 (10/02)