

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007622

FILED
May 02, 2004
Secretary of State**Entity Name:** MIRACLE OF CHRIST MINISTRY, INC.**Current Principal Place of Business:**2467 SOUTH LANE AVENUE
JACKSONVILLE, FL 32210**New Principal Place of Business:****Current Mailing Address:**2467 SOUTH LANE AVENUE
JACKSONVILLE, FL 32210**New Mailing Address:****FEI Number:** 59-3685342**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THE END TIME MIN. HOUSE OF TRUE DELIV. CO.
2467 SOUTH LANE AVENUE
JACKSONVILLE, FL 32210**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: CD () Delete
Name: LACABA, ROLANDO D CD
Address: ASAMIZODAI 8-31-13 YAJIMA MANSION B203
City-St-Zip: SAGAMIHARA-SHI KANAGAWA-KEN, JP 228-0828 JP

Title: V/TD () Delete
Name: MOCHIZUKI, ANGELINA M V/TD
Address: RINKAN 1-2-15 BLUE COSMOS 309
City-St-Zip: KANAGAWA-KEN YAMATO-SHI, JP 242-0003 JP

Title: SD () Delete
Name: LACABA, MILDRED B SD
Address: ASAMIZODAI 8-31-13 YAJIMA MANSION B203
City-St-Zip: KANAGAWA-KEN SAGAMIHARA-SHI, JP 228-0828 JP

Title: D () Delete
Name: SHIBATA, LISA H D
Address: B1504 C.I. HEIGHT 1223 YAMAZAKI CHO
City-St-Zip: MACHIDA CITY TOKYO, JP 195-0076 JP

Title: D () Delete
Name: YAGI, CEZ D
Address: 2-9-22 NIHON MATSU KANAGAWA KEN
City-St-Zip: SAGAMIHARA SHI, JP 229-1134 JP

Title: MD (X) Delete
Name: EGUCHI, JENNIE S MD
Address: C SUNNY VILLA ATSUGI 130 NAKA OGINO
City-St-Zip: KANAGAWA-KEN ATSUGI CITY, JP 243-0202 JP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: MILDRED B LACABA

SD

05/02/2004

Electronic Signature of Signing Officer or Director

Date