

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008505

1. Entity Name  
MIRACLE CITY WORSHIP CENTER OUTREACH  
MINISTRIES, INC.



FILED  
04 OCT 20 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5015 EAST FOWLER AVE  
TAMPA, FL 33617

Mailing Address  
5015 EAST FOWLER AVE  
TAMPA, FL 33617



2. Principal Place of Business

3. Mailing Address

09222004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-3689773

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, ELGIN JR  
106 E EUCLID AVE  
TAMPA, FL 33602

Name Elgin Franklin Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
1401 Misty Glen Ln.  
City BRANDON FL Zip Code 33510

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 September 8, 2004

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

TITLE D ☐ Delete  
NAME FRANKLIN, ELGIN JR  
STREET ADDRESS 5701 CANDLEWICK CT  
CITY-ST-ZIP TAMPA, FL 33617

TITLE D ☐ Delete  
NAME GERARD, SIMON  
STREET ADDRESS 617 N. EXCELDA  
CITY-ST-ZIP TAMPA, FL 33609

TITLE D ☐ Delete  
NAME KIRKLAND, JASMINE  
STREET ADDRESS 2042 BEARSS AVE, APT #311  
CITY-ST-ZIP TAMPA, FL 33613

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME Elgin Franklin  
STREET ADDRESS 1401 Misty Glen Ln.  
CITY-ST-ZIP BRANDON FL. 33510

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000042029900  
10/20/04--01078--005 \*\*\$1.25

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

TITLE ☐ Change ☒ Addition  
NAME TIFFANY FRANKLIN  
STREET ADDRESS 1401 Misty Glen Ln.  
CITY-ST-ZIP BRANDON FL. 33510

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

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

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:

Elgin Franklin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/04  
Date

813 689-9942  
Daytime Phone #