2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000051

FILED Apr 29, 2005 Secretary of State

Entity Name: MIRAMAR PRAISE AND WORSHIP CENTER, INC.

	rincipal Place of Business:	New Principal Place of Business:
2700 RHC MIRAMAR	NE WAY , FL 33025	
Current N	lailing Address:	New Mailing Address:
	NE WAY 1, FL 33025	
El Number	: 65-1075248 FEI Number Applie	For () FEI Number Not Applicable () Certificate of Status Desired ()
lame and	Address of Current Registere	Agent: Name and Address of New Registered Agent:
328 MINÓ CORAL G	ARTHUR M RCA AVE 2ND FL ABLES, FL 331344304 US	
	e named entity submits this statem e of Florida.	ent for the purpose of changing its registered office or registered agent, or b
SIGNATU		
	Electronic Signature of Re	istered Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
itle: lame:	PD () Delete GIBSON, DARRELL L	Title: () Change () Addition Name:
	2700 RHONE WAY MIRAMAR, FL 33025	Address: City-St-Zip:
city-St-Zip: itle: lame: address:		
city-St-Zip: itle: lame: ddress: city-St-Zip: itle: lame: ddress:	MIRAMAR, FL 33025 SD () Delete GIBSON, STEPHANIE 2700 RHONE WAY	City-St-Zip: Title: () Change () Addition Name: Address:
ddress: city-St-Zip: lame: ddress: city-St-Zip: lame: ddress: city-St-Zip: lame: ddress: city-St-Zip: lame: ddress: city-St-Zip:	MIRAMAR, FL 33025 SD () Delete GIBSON, STEPHANIE 2700 RHONE WAY MIRAMAR, FL 33025 CFAD () Delete HAMPTON, TIMOTHY 2700 RHONE WAY	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle:	MIRAMAR, FL 33025 SD () Delete GIBSON, STEPHANIE 2700 RHONE WAY MIRAMAR, FL 33025 CFAD () Delete HAMPTON, TIMOTHY 2700 RHONE WAY MIRAMAR, FL 33025 COLT () Delete HODGES, DAVID L 2700 RHONE WAY	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: GIBSON, DARRELL L. PD 04/29/2005