

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000004877

1. Entity Name

MIRACLE WORSHIP CENTER, INC



FILED

2008 NOV 25 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1201 WEST CYPRESS CREEK ROAD
SUITE 130
FT. LAUDERDALE, FL 33309

Mailing Address
1201 WEST CYPRESS CREEK ROAD
SUITE 130
FT. LAUDERDALE, FL 33309



2. Principal Place of Business - No P.O. Box #

4850 North State Road 7

3. Mailing Address

4850 North State Road 7

Suite, Apt. #, etc.

Building G, Suite 111

Suite, Apt. #, etc.

Building G, Suite 111

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes, FL

Zip

33319

Country

USA

Zip

33319

Country

USA

11232008 REIN-NP

CR2E099 (1/07)

4. FEI Number

65-1119224

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHUCK MOGBO, P.A.
2800 W OAKLAND PARK BLVD, SUITE 209
OAKLAND PARK, FL 33311

7. Name and Address of New Registered Agent

Name
Dr. G. Horatio Loudon
Street Address (P.O. Box Number is Not Acceptable)
4850 North State Road 7
Building G, Suite 111
City
Lauderdale Lakes FL Zip Code
33319

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

G. Horatio Loudon

11/24/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LYNCH-LOUDEN, WINSOME
STREET ADDRESS 3123 SUNSET CIR
CITY-ST-ZIP MARGATE, FL 33063 ☐ Delete

TITLE STD
NAME ADLAM, JOSHUA E
STREET ADDRESS 8025 NW 10TH CT
CITY-ST-ZIP PLANTATION, FL 33322 ☐ Delete

TITLE VD
NAME LOUDEN, G. HORATIO
STREET ADDRESS 3123 SUNSET CIR
CITY-ST-ZIP MARGATE, FL 33063 ☐ Delete

TITLE D
NAME DUGGAN, DEAN
STREET ADDRESS 1170 SUNSET STRIP
CITY-ST-ZIP SUNRISE, FL 33313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT
2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

G. Horatio Loudon - V/P&D

11/24/08 754-235-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #