# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 28, 2009**
**Secretary of State**

DOCUMENT# N01000004877

**Entity Name:** MIRACLE WORSHIP CENTER, INC

**Current Principal Place of Business:**

4850 NORTH STATE ROAD 7
BLDG G, SUITE 111
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4850 NORTH STATE ROAD 7
BLDG G, SUITE 111
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number: 65-1119224** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

LOUDEN, G HORATIO DR
4850 NORTH STATE ROAD 7
BLDG G, SUITE 111
LAUDERDALE, FL 33319 US

**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: PD ( ) Delete
Name: LYNCH-LOUDEN, WINSOME
Address: 3123 SUNSET CIR
City-St-Zip: MARGATE, FL 33063

Title: STD ( ) Delete
Name: ADLAM, JOSHUA E
Address: 8025 NW 10TH CT
City-St-Zip: PLANTATION, FL 33322

Title: VD ( ) Delete
Name: LOUDEN, G. HORATIO
Address: 3123 SUNSET CIR
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: DUGGAN, DEAN
Address: 1170 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: LYNCH-LOUDEN, WINSOME
Address: 5035 SABRELINE TERRACE
City-St-Zip: GREENACRES, FL 33463

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

Title: VPD (X) Change ( ) Addition
Name: LOUDEN, G. HORATIO
Address: 5035 SABRELINE TERRACE
City-St-Zip: GREENACRES, FL 33463

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: G. HORATIO LOUDEN VPD 05/28/2009

Electronic Signature of Signing Officer or Director — Date