

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90449 001 \*\*\*\*61.25  
03-19-2007 90449 002 \*\*\*\*\*8.75

**DOCUMENT # N02000000523**

1. Entity Name  
JOHNSON'S MIRACLE TEMPLE, INC.



Principal Place of Business  
1135 DOVE STREET  
NORTH MELBOURNE, FL 32935

Mailing Address  
1135 DOVE STREET  
NORTH MELBOURNE, FL 32935



03032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3229500

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DIANE, PHILLIPS  
843 PEYTON AVENUE  
PALM BAY, FL 32908

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IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PHILLIPS, DIANE
STREET ADDRESS	843 PEYTON AVE SW
CITY-STATE-ZIP	PALM BAY, FL 32908
TITLE	TD
NAME	JERRY, CHARLES
STREET ADDRESS	2708 MAIN STREET
CITY-STATE-ZIP	MELBOURNE, FL 32901
TITLE	SD
NAME	CARTER, DEBORAH
STREET ADDRESS	309 S. OCEAN DR. APT. 1
CITY-STATE-ZIP	FT PIERCE, FL 34949
TITLE	VTD
NAME	PHILLIPS, LORENZO
STREET ADDRESS	843 PEYTON AVE.
CITY-STATE-ZIP	PALM BAY, FL 32908
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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:**

*Diane Phillips, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE PHILLIPS 3/14/07 3216765171  
Date Daytime Phone #