2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# N02000001873

Entity Name: CHRIST'S MIRACLE WORKING CHURCH, INC.

Current Principal Place of Business:

642 BUNTING DR.
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

642 BUNTING DR.
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-1190766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, MONTGOMERY R
642 BUNTING DR.
DELRAY BEACH, FL 33444 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: LONG, MONTGOMERY R
Address: 642 BUNTING DR.
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD ( ) Delete
Name: HOWE, ROY
Address: 1039 KOKOMO KEY LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD ( ) Delete
Name: HOWE, KATHY
Address: 1039 KOKOMO KEY LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD ( ) Delete
Name: LONG, TERRY
Address: 642 BUNTING DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MONTGOMERY R. LONG PD 01/31/2005

Electronic Signature of Signing Officer or Director — Date