2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)



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Addition

Addition

1. Entity Name PRAISE AND EVANGELISM MIRACLE MINISTRIES,					Feb 11, 2008 08:00 A Secretary of State			
INC.	IND EVANGELISM MIRACLE	MINISTRIES,					·	
Principal Plac	e of Business	Mailing Address	•					
		15460 S.W. 74 CIRCLE MIAMI FL 33193	460 S.W. 74 CIRCLE COURT, UNIT 1006 AMI FL 33193					
2. Principal Place of Business - No P.O. Box # 3. Mailir		3. Mailing Address	failing Address		1 18 11111 11		81181 BL## (8181 18	
Surte, Apt. #, etc. S		Suite. Apt. #, etc.	Suite. Apt. #, etc.		1st MOORE CR2E037 (10/07)			
City & State		City & State			4. FEI Number			
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent			7. Name and Ad	dress of New Registered	Agent	
				Name				
1540	IKE, DONNIE 60 S.W. 74 CIRCLE COURT, I MI FL 33193	JNIT 1006	Street Address (F		P.O. Box Number is Not Acceptable)			
1711			City			FL	Zip Codi	e
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered agent an	id ! le if applicable (NOTE	Reg stored Agont signs	bers, sea énic	when reinstating)	CAIE		
	FILE NOW: FEE IS \$61.25		ppaign Financing		\$5.00 May Be Added to Fees	Make Chec Florida Depar		
10.	OFFICERS AND DIRE		11.	A	ADDITIONS/CHANG	SES TO OFFICERS AND DI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURKE, DONNIE 15460 S.W. 74 CIRCLE COURT, UN MIAMI FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		02	U00000824787 /20/08-80092-0:	□ Change 14 61.25	Addition (
	VSD BURKE, JEAN 15460 SW 74 CIRCLE CT., UNIT 10 MIAMI FL 33193	□ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD . MURRAY, NOEL 15460 SW 74 CIRCLE CT., UNIT 10 MIAMI FL 33193	⊡-Dolate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Audition
	D MURRAY, HORTENCE 15460 S.W. 74 CIRCLE COURT, UN	☐ Dalete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addation

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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MIAMI FL 33193

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