

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 04, 2009  
Secretary of State**

DOCUMENT# N02000005598

Entity Name: PRAISE AND EVANGELISM MIRACLE MINISTRIES, INC.

**Current Principal Place of Business:**

15460 S.W. 74 CIRCLE COURT, UNIT 1006  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

15460 S.W. 74 CIRCLE COURT, UNIT 1006  
MIAMI, FL 33193

**New Mailing Address:**

FEI Number: 32-0056684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BURKE, DONNIE  
15460 S.W. 74 CIRCLE COURT, UNIT 1006  
MIAMI, FL 33193      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: BURKE, DONNIE  
Address: 15460 S.W. 74 CIRCLE COURT, UNIT 1006  
City-St-Zip: MIAMI, FL 33193

Title: VSD      ( ) Delete  
Name: BURKE, JEAN  
Address: 15460 SW 74 CIRCLE CT., UNIT 1006  
City-St-Zip: MIAMI, FL 33193

Title: TD      ( ) Delete  
Name: MURRAY, NOEL  
Address: 15460 SW 74 CIRCLE CT., UNIT 1006  
City-St-Zip: MIAMI, FL 33193

Title: D      ( ) Delete  
Name: MURRAY, HORTENCE  
Address: 15460 S.W. 74 CIRCLE COURT, UNIT 1006  
City-St-Zip: MIAMI, FL 33193

**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 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: JEAN BURKE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VSD

03/04/2009

\_\_\_\_\_  
Date