

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

07-05-2005 90112 022 *****70.00
N02000007505

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 18 PM 2:31

DOCUMENT # N02000007505	
1. Entity Name HOUSE OF MIRACLES, OUT REACH MINISTRES, INC.	

Principal Place of Business 846 NW ALMA ST Ave LAKE CITY FL 32055	Mailing Address 777 AVELON ST. LAKE CITY FL 32056
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2. Principal Place of Business 846 NW Alma Ave Lake City, FL 32025	3. Mailing Address 4773 S.E. Avalon Ave Lake City 32025
City & State Lake City, FL	City & State Lake City, FL
Country Columbia	Country Columbia

1st MOORE CR2E037 (10/04)

4. FEI Number 42-1674458	Applied For Not Applicable
5. Certificate of Status Desired b	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOUSE OF MIRACLES, OUTREACH MIN. INC. 846 N.W. ALMA AVE. LAKE CITY FL 32055	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Benjamin Perry DATE 6/23/05
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, BENJAMIN 777 AVALON ST LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAY, LASHA P O BOX 266 LAKE CITY FL 32056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, NELSON 200 S MCFARLENE AVE LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-BK PERRY, GLORIA 777 AVELON ST. LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Benjamin Perry DATE 6/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-755-4028
Daytime Phone #