

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90030 010 ****70.00

DOCUMENT # N02000007505

1. Entity Name

HOUSE OF MIRACLES, OUT REACH MINISTRES, INC.



Principal Place of Business

846 NW ALMA ST
LAKE CITY FL 32025

Mailing Address

473 S.E. AVALON AVENUE
LAKE CITY FL 32025

2. Principal Place of Business

846 NW Alma Ave

3. Mailing Address

473 SE Avalon Ave



1st MOORE

CR2E037 (10/05)

City & State

Lake City,

City & State

Lake City

4. FEI Number

42-1674458

Applied For

Not Applicable

Zip

32025

Country

Columbia

Zip

32025

Country

Columbia

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, BENJAMIN

~~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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME D
PERRY, BENJAMIN
STREET ADDRESS 777 AVALON ST
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ Delete

NAME D
CRAY, LASHA
STREET ADDRESS P O BOX 266
CITY-ST-ZIP LAKE CITY FL 32056

TITLE ☐ Delete

NAME D
ROSS, NELSON
STREET ADDRESS 200 S MCFARLENE AVE
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ Delete

NAME D-BK
PERRY, GLORIA
STREET ADDRESS 777 AVELON ST.
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

1-16-06 386755 4028