2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2012
Secretary of State

DOCUMENT# N02000007505

Entity Name: HOUSE OF MIRACLES, OUT REACH MINISTRES, INC.

Current Principal Place of Business:

473 S.E. AVALON AVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

473 S.E. AVALON AVE
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 42-1674458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERRY, BENJAMIN
473 S.E. AVALON AVE
LAKE CITY, FL 32025 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: P
Name: PERRY, BENJAMIN
Address: 473 S.E. AVALON AVE
City-St-Zip: LAKE CITY, FL 32025

Title: D
Name: HUNTER, IAN
Address: 443 SW BASCOM APT #
City-St-Zip: LAKE CITY, FL 32025

Title: PL
Name: ROSS, LAKISHA
Address: 130 SW CRAGE AV
City-St-Zip: LAKE CITY, FL 32025

Title: YL
Name: PERRY, GLORIA
Address: P.O. BOX 266
City-St-Zip: LAKE CITY, FL 32025

Title: D
Name: FULTON, JOANNA
Address: 443 S.W. BASCOM APT #206
City-St-Zip: LAKE CITY, FL 32025

Title: CP
Name: HUNTER, DELORES
Address: 443 S.W. BASCOM APT #
City-St-Zip: LAKE CITY, FL 32025

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN PERRY MR. 03/07/2012

Electronic Signature of Signing Officer or Director Date