


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90129 016 \*\*\*\*61.25

**DOCUMENT #** N02000007505

**1. Entity Name**  
HOUSE OF MIRACLES, OUT REACH MINISTRES, INC.



**Principal Place of Business**  
846 NW ALMA ST AV  
LAKE CITY FL 32055

**Mailing Address**  
846 NW ALMA ST  
LAKE CITY FL 32055

**2. Principal Place of Business**  
\$ 46 NW Alma Av

**3. Mailing Address**  
777 Avalon St

**City & State**  
lake city

**City & State**  
Lake city

**Zip**  
32055

**Country**  
Columbian

**Zip**  
32056

**Country**

**6. Name and Address of Current Registered Agent**  
PERRY, BENJAMIN  
777 AVALON ST  
LAKE CITY FL 32055

**4. FEI Number**

☐ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
Name: House of Miracles, Out Reach Min. Inc.  
Street Address (P.O. Box Number is Not Acceptable): 846 NW Alma Av.  
City: Lake city  
State: FL Zip Code: 32055

**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** Pastor Benjamin Perry **DATE** 1-4-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

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	O-Book Keeper Gloria Perry 777 Avalon St lake city-FL 32055 <input type="checkbox"/> Change <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** 1-4-03 **Daytime Phone #** 386-7554028

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (10/02)