2008 NOT-FOR-PROFIT CORPORATION

May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N02000008890 1. Entity Name 05-05-2008 90240 012 ****70.00 MIRACLE REFUGE AND DELIVERANCE MINISTRIES. **INCORPORATED** Principal Place of Business Mailing Address 2206 9 ST NE WINTER HAEN FL 33881 2206 9 ST NE WINTER HAEN FL 33881 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1001 Ingraham Aver Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For 4. FEI Number 05-0541000 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired POLK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, KETURAH X Street Address (P.O. Box Number is Not Acceptable) 2206 9 ST NE WINTER HAEN FL 33881 City Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or granted name of registered agent and title if applicable (NOTE: Registered Agent signabure required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be ... Due By May 1, 2008 Trust Fund Contribution, Added to Fees Florida Department of State: 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete SMITH, KETURAH X Katrina Maultsby 2422 Mary Jen NAME NAME STREET ADDRESS 2206 9 ST NE STREET ADDRESS WINTER HAEN FL 33881 CJTY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition LATIMER, YOLANDA R HAME NAME 616 AVENUE Y NE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition SMITH-MCGLOCKTON, INZLEA NAME NAME 2301 SUFFOLK COURT SIRFET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32309 CITY-S7-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

TITLE

NAME

SIGNATURE:

THILE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

Addition

Change