2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

06-04-2007 90010 035 ****70.00
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FILED

07 JUN 12 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000456

1. Entity Name

MIRACLE WORD OF FAITH MINISTRIES INC.

Principal Place of Business	Mailing Address
3809-A EAST UNIVERSITY AVE GAINESVILLE FL 32641	P.O. BOX 140752 GAINESVILLE FL 32614

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

4. FEI Number: 48-1295756 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNE, QUEEN E
405 S.E. RAIL ROAD AVENUE
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name: Queen E. Horne-Kelly
Street Address (P.O. Box Number is Not Acceptable): 405 S.E. Railroad Avenue
City: High Springs Fla. FL Zip Code: 32643

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: Queen E. Horne-Kelly Queen E. Horne-Kelly 4-23-2007
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AARON, PHENIX E 192 SOUTH ELOISE ST LAKE CITY FL 32025	☑ Delete	Donald Leonard Kelly (D) 405 S.E. R.R Ave High Springs Fla 32643	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HORNE, QUEEN E 405 SE RR AVE HIGH SPRINGS FL 32643	☑ Delete	Queen E. Horne-Kelly (P) 405 S.E. R.R Ave High Springs Fla 32643	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PLEASANT, PATRICIA 540 NW 26TH AVE GAINESVILLE FL 32609	☑ Delete	Carolyn J. Robinson-Secretary Treasurer 1112 S.W. 43rd Lane Gainesville Fla 32608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AARON, PHENIX E 192 S ELOISE ST LAKE CITY FL 32025	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HORNA, QUEEN E 405 SE RR AVE HIGH SPRINGS FL 32643	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PLEASANT, PATRICIA 540 NW 26TH AVE GAINESVILLE FL 32609	☑ Delete		☐ Change ☐ Addition

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: Queen E. Horne-Kelly Queen E. Horne-Kelly 4-23-2007 352-317-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #