

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000456

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MIRACLE WORD OF FAITH MINISTRIES INC.

**Current Principal Place of Business:**

3809-A EAST UNIVERSITY AVE  
GAINESVILLE, FL 32641

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 140752  
GAINESVILLE, FL 32614

**New Mailing Address:**

**FEI Number:** 48-1295756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HORNE-KELLY, QUEEN E  
405 S.E. RAIL ROAD AVENUE  
HIGH SPRINGS, FL 32643 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:** D  
**Name:** KELLY, DONALD L  
**Address:** 405 SE RR AVE.  
**City-St-Zip:** HIGH SPRINGS, FL 32643

**Title:** P  
**Name:** HORNE-KELLY, QUEEN E  
**Address:** 405 SE RR AVE  
**City-St-Zip:** HIGH SPRINGS, FL 32643

**Title:** ST  
**Name:** ROBINSON, CAROLYN J  
**Address:** 6115 SW 63RD LANE  
**City-St-Zip:** GAINESVILLE, FL 32608

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:** QUEEN E HORNE-KELLY

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date