

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90025 038 \*\*\*\*70.00

**DOCUMENT # N03000002863**

1. Entity Name

MIRACLE RESTORATION DELIVERANCE CHURCH, INC.



Principal Place of Business

202 NORTH "G" STREET  
PENSACOLA FL 32501

Mailing Address

202 NORTH "G" STREET  
PENSACOLA FL 32501

2. Principal Place of Business

202 North "G" Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

32501

Country

Escambia

Country

4. FEI Number

06-1695321

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

COHEN, JOHN L  
202 NORTH "G" STREET  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Due By May 1, 2004**

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

TITLE DP ☐ Delete  
NAME COHEN, JOHN L  
STREET ADDRESS 202 NORTH "G" STREET President  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE SD ☐ Delete  
NAME COHEN, NANCY  
STREET ADDRESS 202 NORTH "G" STREET Secretary  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE DT ☐ Delete  
NAME COHEN, ELIZABETH A  
STREET ADDRESS 202 NORTH "G" STREET Treasurer  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-2004 850-432-8119