

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008931

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: MIRACLE MISSION OF HOPE, INC.

**Current Principal Place of Business:**

803 SE TARPON AVE  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

1550 SE SALERNO RD  
STUART, FL 34997

**New Mailing Address:**

PO BOX 2023  
STUART, FL 34995

FEI Number: 20-0304573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, PAUL E  
9706 SW PUEBLO TERR  
PALM CITY, FL 34990 US

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

TULLIER, PIERRE  
39 N RIVER ROAD  
STUART, FL 34996 US

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: PIERRE TULLIER

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SMITH, PAUL E  
Address: 9706 SW PUEBLO TERR  
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Delete  
Name: MCCLAIN, JONATHAN  
Address: 751 SE CENTRAL PWKY  
City-St-Zip: STUART, FL 34994

Title: D (X) Delete  
Name: ADDISON, RICHARD H  
Address: 1550 SE SALERNO ROAD  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TULLIER, PIERRE  
Address: 39 N. RIVER ROAD  
City-St-Zip: STUART, FL 34996

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PIERRE TULLIER

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date