

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009519

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** MIRACLE HOUSE OF HEALING MINISTRY INC.

**Current Principal Place of Business:**

418 S. SANFORD AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1022 W. 12TH STREET  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 20-0413013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, WILLIE C  
1614 ROBLE LANE  
DELTONA, FL 32738 US

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

GORDON, LASHON R  
1230 WORTHINGTON DRIVE  
DELTONA, FL 32738 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: LASHON R. GORDON

04/28/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, THOMAS  
Address: 1022 W. 12TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: VD ( ) Delete  
Name: WILLIAMS, PATRICA  
Address: 1022 W. 12TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: M ( ) Delete  
Name: JOHNSON, ELIZABETH  
Address: 1022 W. 12TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: SCOTT, QUTONYA  
Address: 1022 W. 12TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

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

Title: YM ( ) Change (X) Addition  
Name: GORDON, LASHON  
Address: 1022 W. 12TH STREET  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LASHON R. GORDON

YM

04/28/2008

Electronic Signature of Signing Officer or Director

Date