

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009519

FILED
Apr 23, 2010
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:

418 S. SANFORD AVE.
SANFORD, FL 32771

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:

DAVIS, RANDY J
1022 WEST 12TH STREET
SANFORD, FL 32771 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: PD
Name: WILLIAMS, THOMAS
Address: 1022 W. 12TH STREET
City-St-Zip: SANFORD, FL 32771

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

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

Title: D
Name: SCOTT, TIMOTHY V
Address: 1022 W. 12TH STREET
City-St-Zip: SANFORD, FL 32771

Title: YM
Name: ANGELA, TEATE
Address: 1022 W. 12TH STREET
City-St-Zip: SANFORD, FL 32771

Title: D
Name: DAVIS, RANDY
Address: 1022 WEST 12TH STREET
City-St-Zip: SANFORD, FL 32771

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: RANDY J. DAVIS

D

04/23/2010

Electronic Signature of Signing Officer or Director

Date