

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011093

Entity Name: MIRACLE VILLAGE, INC.

FILED  
Sep 10, 2009  
Secretary of State

## Current Principal Place of Business:

1329 ABRAHAM ST  
TALLAHASSEE, FL 32304

## New Principal Place of Business:

1208 ABRAHAM ST  
TALLAHASSEE, FL 32304

## Current Mailing Address:

1329 ABRAHAM ST  
TALLAHASSEE, FL 32304

## New Mailing Address:

FEI Number: 16-1692239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

DIVITO, JOSEPH A  
C/O DIVITO & HIGHAM, P.A.  
4514 CEBTRAK AVE  
ST PETERSBURG, FL 33711 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 ( ) Delete  
Name: BUCKNER, EDWARD  
Address: 3703 BROPH BLVD  
City-St-Zip: COCOA, FL 329264004

Title: VD ( ) Delete  
Name: FORD, SHIRLEY  
Address: 3700 GLEN OAKS MANOR DR  
City-St-Zip: SARASOTA, FL 34232

Title: SD ( ) Delete  
Name: FORDHAM, LORI  
Address: 1755 18TH ST  
City-St-Zip: SARASOTA, FL 34234

Title: TD ( ) Delete  
Name: FRANKLIN, FREDDIE  
Address: 1329 ABRAHAM ST  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: LAMB, EUGENE  
Address: PO BOX 592  
City-St-Zip: MIDWAY, FL 32343

Title: D ( ) Delete  
Name: SMITH, CLINTON  
Address: 1205 RICHMOND ST  
City-St-Zip: TALLAHASSEE, FL 32304

## 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: ( ) 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 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: EDWARD BUCKNER

PD

09/10/2009

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

\_\_\_\_\_  
Date