

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N04000004003</b>				<b>1. Entity Name</b>		<b>APOSTLE FAITH CHURCH OF MIRACLES, INC.</b>	
<b>Principal Place of Business</b>				<b>Mailing Address</b>			
2301 NW 119TH STREET BUILDING 2-316 MIAMI FL 33167				POST OFFICE BOX 470947 MIAMI FL 33247			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
<b>4. FEI Number</b>		34-1993182		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applied For	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
BRINKLEY, VIOLA 2301 NW 119TH STREET BUILDING 2-316 MIAMI FL 33167				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>	

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRINKLEY, VAN			NAME			
STREET ADDRESS	2301 NW 119TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33167			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRINKLEY, VIOLA			NAME			
STREET ADDRESS	2301 NW 119TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33167			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COPPA, OPHELIA			NAME			
STREET ADDRESS	2374 NW 93RD STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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04/25/06-80044-023 70.00

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

**SIGNATURE:** *Viola Brinkley (VIOLA BRINKLEY)* 04/10/06 (305)681-2152