


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004003 1. Entity Name APOSTLE FAITH CHURCH OF MIRACLES, INC.	
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Principal Place of Business 2301 NW 119TH STREET BUILDING 2-316 MIAMI FL 33167	Mailing Address POST OFFICE BOX 470947 MIAMI FL 33247
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 34-1993182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRINKLEY, VIOLA 2301 NW 119TH STREET BUILDING 2-316 MIAMI FL 33167	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD BRINKLEY, VIOLA	
NAME	2301 NW 119TH STREET	
STREET ADDRESS	MIAMI FL 33167	
CITY-ST-ZIP		
TITLE	VD BRINKLEY, VAN	
NAME	2301 NW 119TH STREET	
STREET ADDRESS	MIAMI FL 33167	
CITY-ST-ZIP		
TITLE	STD COPPA, OPHELIA	
NAME	2374 NW 93RD STREET	
STREET ADDRESS	MIAMI FL 33147	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000830805		
NAME	05/21/08-80124-006 70.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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) 04/24/08 (305) 691-2152