

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

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # N04000006585	
1. Entity Name MIRACLE VISION TABERNACLE OUTREACH CENTER, INC.	

Principal Place of Business 18680 NE 75TH ST WILLISTON FL 32696	Mailing Address P.O. BOX 787 WILLISTON FL 32696
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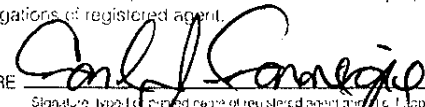
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 81-0652237	Applied For ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARNEGIE, CARL 8310 NE 166TH AVE WILLISTON FL 32696

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

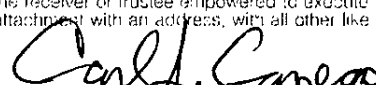
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 2-25-08

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	CARNEGIE, CARL J
STREET ADDRESS	8310 NE 166TH AVE.
CITY-ST-ZIP	WILLISTON FL 32696
TITLE	VD ☐ Delete
NAME	CARNEGIE, JANIE
STREET ADDRESS	8310 NE 166TH AVE
CITY-ST-ZIP	WILLISTON FL 32696
TITLE	SD ☐ Delete
NAME	GREENLEE, KANESHA
STREET ADDRESS	7852 NE 184TH TERR
CITY-ST-ZIP	WILLISTON FL 32696
TITLE	TD ☐ Delete
NAME	BRUTTON, ALANDYA
STREET ADDRESS	570 SCHOOL ST
CITY-ST-ZIP	BRONSON FL 32621
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	U00000847361
STREET ADDRESS	03/19/08-80017-005 61.25
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: 

2-25-08