


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90074 001 *****50
 08-23-2007 90074 002 *****8.25
 08-23-2007 90074 003 ***131.25

DOCUMENT # N04000007555

1. Entity Name
MIRACLE TABERNACLE FULL GOSPEL BAPTIST CHURCH INC



Principal Place of Business
 4777 SILVER STAR RD.
 MAITLAND, FL 32751 US

Mailing Address
 4777 SILVER STAR RD.
 MAITLAND, FL 32751 US

66021334

Miracle Tabernacle Full Gospel BAPTIST CHURCH INC

(INC)



2. Principal Place of Business - No P.O. Box #
477 SILVER STAR ROAD

3. Mailing Address
731 WINDGROVE TRAIL

Suite, Apt. #, etc.
(CHURCH)

Suite, Apt. #, etc.
(HOME)

08072007 Chg-NP CR2E037 (12/06)

City & State
ORLAND FLORIDA

City & State
MAITLAND FLORIDA

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip
32908

Country
ORANGE

Zip
32751

Country
ORANGE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARDEMAN, ALPHONZO
 731 WINDGROVE TRAIL
 MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name
JUDY MAE REESE HARDEMAN

Street Address (P.O. Box Number is Not Acceptable)
731 WINDGROVE TRAIL

City
MAITLAND FLORIDA

Zip Code
32751

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 *Judy Mae Reese Hardeman* (PRESIDENT SENIOR PASTOR) **Aug 19, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE **8-19-07**

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDEMAN, ALPHONZO 731 WINDGROVE TRAIL MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDEMAN, ALFERDOLL 3203 WALLER PLACE ORLANDO, FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEVILLE, ALBERT 731 WINDGROVE TRAIL MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDEMAN, JUDY 731 WINDGROVE TRAIL MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUDY MAE REESE HARDEMAN 731 Windgrove Trail Maitland Fl 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hardeman Alferdoll 3203 Waller Place Orlando Fl 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Smith Emma 731 Windgrove Trail Maitland Fl 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hardeman Leslie 731 Windgrove Trail maitland Fl 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Beville Albert 731 Windgrove Maitland Fl 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Judy Mae Reese Hardeman* **Aug 19 2007 6444519**
Signature, typed or printed name of signing officer or director Date Daytime Phone #
President + (Senior Pastor)

ATTACHMENT

CERTIFICATE OF REINCORPORATION

66021334
N04000007555

Pursuant to s. 617.0901, Florida Statutes, this certificate of reincorporation was duly authorized by a meeting of its members regularly called or by a meeting of its board of directors if there were no members entitled to vote on the reincorporation:

ARTICLE I NAME

The name of the corporation shall be:

Miracle Tabernacle Full Gospel Baptist Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and the mailing address of this corporation shall be:

4777 Silver Star Rd. Orlando Fl. 32808

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized:

Religious, educational and charitable

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by Senior Pastor

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Alphonzo M. Hardeman (DECEASED) (HUSBAND)
731 Windgrove Trail Maitland Florida 32751

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Judy M. Reese Hardeman (WIFE) (SENIOR PASTOR AND PRESIDENT)
731 Windgrove Trail Maitland Fl. 32751

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Judy Mae Reese Hardeman
Signature/Registered Agent President and Pastor, Senior

Aug 19, 2007
Date

Judy Mae Reese Hardeman
Signature/Incorporator President and Pastor, Senior

Aug 19, 2007
Date

N04000007555 ATTACHMENT (66021334)

APPLICATION FOR REINSTATEMENT AND REINCORPORATION OF LEGISLATIVELY OR JUDICIALLY CHARTERED NOT FOR PROFIT CORPORATION

IN COMPLIANCE WITH s. 617.1623(1)(d), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REINSTATE AND REINCORPORATE A NOT FOR PROFIT LEGISLATIVELY OR JUDICIALLY CHARTERED CORPORATION WHICH WAS DISSOLVED ON JULY 2, 1992, PURSUANT TO s. 617.1623(1)(c):

1. Miracle Tabernacle Full GOSPEL BAPTIST Church Inc. Name of corporation exactly as it appears in legislative or judicial charter.

2. 4777 SILVER Star Rd. Orlando, FL 32808 Street address of the principal office of the corporation. (This address will be used for the mailing of corporation annual reports)

3. 731 Windgrove Trail MAITLAND FLA 32751 Date of legislative or judicial incorporation August 19, 2007

4. FEI Number [] FEI Number applied for [x] FEI Number not required

5. Name, address and title of current officers and/or directors: (use additional page if necessary)

Table with 4 columns: Title, Name, Street Address, City/State/Zip. Rows include President Judy Mae Reese Hardeman, Vice President Alfredoll Hardeman, Treasurer Leslie Hardeman, and Sect. Emma Smith.

6. Attached is a copy of the judicial charter and all amendments thereto certified by the Circuit Court of the county wherein recorded or a copy of the chartering law certified by the Department of State, Division of Elections as to legislative charters and completed Certificate of Reincorporation.

Judy Mae Reese Hardeman (Senior Pastor) President Authorized Signature

Judy MAE Reese Hardeman (Senior Pastor) President Name and capacity of person signing application (see S. 617.10201(6))

ATTACHMENT

66021334

N04000007555

VOID IF ALTERED OR ERASED

STATE OF FLORIDA

OFFICE OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NAME: ALPHONZO MEREDITH HARDEMAN

DATE OF BIRTH: 12/22/50

PLACE OF BIRTH: ORANGE COUNTY, FLORIDA

CERTIFICATE NUMBER: 109-50-060377

DATE FILED: 1/02/51

DATE ISSUED: 7/29/02

MOTHER'S MAIDEN NAME: ALFERDOLL DOLORIS RUMLIN

FATHER'S NAME: JOHN DAVIS HARDEMAN

SEX: MALE

This is to certify that this is a true abstract of the official record filed with this office.

By: *John D. Smith* State Registrar

WARNING: 5395780

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FLORIDA DEPARTMENT OF HEALTH

DCH Form 1563A (9-98)

OFFICE of VITAL STATISTICS

CERTIFIED COPY

ATTACHMENT

66021334 #N04000007555

FLORIDA CERTIFICATE OF DEATH

Form with fields for decedent information (Alphonzo M Hardeman), date of birth (December 22, 1950), date of death (July 12, 2006), social security number (267-88-9219), birthplace (Orlando, Florida), marital status (Married), spouse name (Judy M Reese), residence (731 Windgrove Trail, Maitland, Florida), occupation (Bishop), race (Black of African American), education (High school diploma), father's name (John Hardeman), mother's name (Alferdoll Rumlun), informant's name (Judy M. Hardeman), place of disposition (Eatonville Memorial Cemetery), method of disposition (Cremation), name of funeral facility (Mitchell's Funeral Home, Inc.), certifier's name (David Weinreich, M. D.), date signed (07/13/2006), time of death (0840), and cause of death (Cardiopulmonary Arrest, Multiple Cerebrovascular Accidents, Uncontrolled Hypertension).

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



WARNING:

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DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



FLORIDA DEPARTMENT OF HEALTH

JUL 28 2006