2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007555

FILED Jul 29, 2009 Secretary of State

Entity Name: MIRACLE TABERNACLE FULL GOSPEL BAPTIST CHURCH INC

Current Principal Place of Business:			New Principal Place of Business:		
CHURCH	ER STAR RD.), FL 32751	US		ER STAR RD. D, FL 32808	
Current Mailing Address:			New Mailing Address:		
	GROVE TRAIL				
HOME MAITLAND	, FL 32751	US			
	e with s. 607.19	FEI Number Applied For() FEI Nur 3(2)(b), F.S., the corporation did not receive t current Registered Agent:			
	RDEMAN, JU			, , , , , , , , , , , , , , , , , , ,	
731 WIND(GROVE TRAIL), FL 32751				
	named entity s of Florida.	submits this statement for the purpose o	of changing it	its registered office or registered agent, or be	oth,
SIGNATUR					
	Electron	ic Signature of Registered Agent		Date	
OFFICERS	AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIREC	TORS:
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	P (X) Change () Addition REESE HARDEMAN, JUDY MAE 731 WINDGROVE TRAIL MAITLAND, FL 32751	
Title: Name: Address: City-St-Zip:	VP () HARDEMAN, LE 731 WINDGRO MAITLAND, FL	VE TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BEVILLE, ALBE 731 WINDGRO MAITLAND, FL	VE TRAIL	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BEVILLE, ALBERT 731 WINDGROVE TRAIL MAITLAND, FL 32751 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition GRAHAM, TONJA 4377 MEDALLION DR APT 1201 ORLANDO, FL 32808	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition SMITH, EMMA 2410 WISPERING MAPLE DR ORLANDO, FL 32807	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HARDEMAN, ALFERDOLL 3203 WALLER PLACE ORLANDO, FL 32805	

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: JUDY MAE REESE HARDEMAN P 07/29/2009