


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90017 012 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # N04000009619 | |  | |
| 1. Entity Name MIRACLE STRIP HOLDING CORPORATION, INC. | | | |
| Principal Place of Business 1610 BECK AVE PANAMA CITY, FL 32405 | | Mailing Address 1610 BECK AVE PANAMA CITY, FL 32405 | |
| 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 |



02112008 Chg-NP CR2E037,(12/06)

4. FEI Number
20-1917393

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| STIVERS, HB 245 E VIRGINIA STREET TALLAHASSEE, FL 32301 | | 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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**

| | | | |
|----------------------------|------------------------------|---|----------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D. BURGE, DIXIE | TITLE | D. Kathryn Edwards |
| NAME | 212 COUNTRY MANOR RD | NAME | 309 S. San Souci |
| STREET ADDRESS | DEFUNIAK SPRINGS, FL 32435 | STREET ADDRESS | Panama City Beach FL 32413 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D. SMITH, ALVERNA L | TITLE | 623 Williams Ave |
| NAME | 2175 FRANKFORD AVE, APT A101 | NAME | Panama City FL 32401 |
| STREET ADDRESS | PANAMA CITY, FL 32405 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D. BOBE, ALICE | TITLE | D. Silvia Payne |
| NAME | 4403 BLUEWATER DR | NAME | 3124 Game Farm Rd |
| STREET ADDRESS | PANAMA CITY, FL 32405 | STREET ADDRESS | Panama City FL 32405 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D. GRIFFIN, YVETTE | TITLE | D. Judy Eppinette |
| NAME | PO BOX 813 | NAME | 2003 Johns Ave |
| STREET ADDRESS | PANAMA CITY, FL 32402 | STREET ADDRESS | Port St Joe FL 32456 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D. PARKER, CANDACE | TITLE | D. Rebecca McCroan |
| NAME | 3202 PLEASANT HILL RD | NAME | 807 Texas Ave |
| STREET ADDRESS | LYNN HAVEN, FL 32444 | STREET ADDRESS | Lynn Haven FL 32444-1958 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D. FAIRWEATHER, ELIZABETH | TITLE | |
| NAME | 142 BAYOU LANDING RD | NAME | |
| STREET ADDRESS | SANTA ROSA BEACH, FL 32459 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:

Kathryn Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2008 850 763 3516
Date Daytime Phone #