

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000096

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** GOD'S MIRACLE HEALING FOUNTAIN DELIVERANCE CHURCH INC.

**Current Principal Place of Business:**

3720 WILLIAMS LANDING CIRCLE, BLDG 1  
APT # 307  
TAMPA, FL 336109130 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 0711  
MANGO, FL 335500711 US

**New Mailing Address:**

**FEI Number:** 14-1919727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWES, VINSON  
3720 WILLIAMS LANDING CIRCLE, BLDG 1  
APT # 307  
TAMPA, FL 336109130 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: OWES, VINSON  
Address: 3720 WILLIAMS LANDING CIRCLE, BLDG 1, #307  
City-St-Zip: TAMPA, FL 336109130 US

Title: D  
Name: LYNCH, GARY R  
Address: 224 OAK LANE  
City-St-Zip: TAMPA, FL 33610 US

I hereby 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 all other like empowered.

SIGNATURE: VINSON OWES

D

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date