2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004352

FILED Jan 23, 2006 Secretary of State

Entity Name: MIRACLE TEMPLE OF PRAISE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

29535 SR 19 2802 S. BAY STREET TAVARES, FL 32778 EUSTIS, FL 32726 US

Current Mailing Address: New Mailing Address:

29535 SR 19 29535 S.R. 19

TAVARES, FL 32778 TAVARES, FL 32778 US

FEI Number: 20-2651704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DOUGLAS, GLORIA J
29535 SR 19
29535 SR 19
29535 SR 19

TAVARES, FL 32778 US TAVARES, FL 32778 US

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: GLORIA DOUGLAS 01/23/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: PSTR (X) Change () Addition

 Name:
 DOUGLAS, GLORIA
 Name:
 DOUGLAS, GLORIA J

 Address:
 29535 SR 19
 Address:
 29535 SR 19

 City-St-Zip:
 TAVARES, FL 32778
 City-St-Zip:
 TAVARES, FL 32778

Title: S () Delete Title: SECT (X) Change () Addition Name: COOPER, TARIC Name: WILKERSON, JULIA

Address: 29535 SR 19 Address: 915 WILSON RIDGE DRIVE #2016

Address: 29535 SK 19 Address: 915 WILSON RIDGE DRIVE #2016
City-St-Zip: TAVARES, FL 32778 City-St-Zip: ORLANDO, FL 32818

Title: T () Delete Title: TREA (X) Change () Addition

Name:THOMPSON, TAMARSHName:THOMPSON, TAMARSHAddress:29535 SR 19Address:2510 WASHINGTON AVENUE #32

City-St-Zip: TAVARES, FL 32778 City-St-Zip: EUSTIS, FL 32726

Title: () Delete Title: ASST () Change (X) Addition

 Name:
 Name:
 VERETT, WHITNEY

 Address:
 Address:
 5429 KAREN COURT

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32787

I hereby certify that the information supplied with this filing does not qualify for the 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: GLORIA DOUGLAS OFFI 01/23/2006