

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004352

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: MIRACLE TEMPLE OF PRAISE MINISTRIES, INC.

## Current Principal Place of Business:

15200 OLD US HWY 441  
SUITE 6  
TAVARES, FL 32778 US

## New Principal Place of Business:

## Current Mailing Address:

29535 S.R. 19  
TAVARES, FL 32778 US

## New Mailing Address:

FEI Number: 20-2651704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DOUGLAS, GLORIA J  
29535 SR 19  
TAVARES, FL 32778 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: PD ( ) Delete  
Name: DOUGLAS, GLORIA J  
Address: 29535 SR 19  
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete  
Name: WILKERSON, JULIA  
Address: 915 WILSON RIDGE DRIVE #2016  
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete  
Name: THOMPSON, TAMARSH  
Address: 2510 WASHINGTON AVENUE #32  
City-St-Zip: EUSTIS, FL 32726

Title: ASD ( ) Delete  
Name: VERETT, WHITNEY  
Address: 5429 KAREN COURT  
City-St-Zip: ORLANDO, FL 32787

Title: ATD ( ) Delete  
Name: DAVIS, TOCARRA  
Address: 2802 S. BAY STREET  
City-St-Zip: EUSTIS, FL 32726 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: COOPER, RONALD B  
Address: 111 LONE OAK DRIVE  
City-St-Zip: LEESBURG, FL 34788

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GLORIA DOUGLAS

PD

01/08/2008

Electronic Signature of Signing Officer or Director

Date