2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N05000004352

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:

225 CENTER STREET
WINTER GARDEN, FL 32787 US

Current Mailing Address:

29535 S.R. 19
TAVARES, FL 32778 US

New Mailing Address:

29535 S.R. 19
PO BOX 1523
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:

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: COOPER, RONALD B
Address: 111 LONE OAK DRIVE
City-St-Zip: LEESBURG, FL 34788

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

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

Title: ATD (X) Change ( ) Addition
Name: DAVIS, TOCARRA
Address: 7439 RADIANT CIRCLE
City-St-Zip: ORLANDO, FL 32810 US

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 04/14/2009
Electronic Signature of Signing Officer or Director — Date