

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90028 043 ****70.00

DOCUMENT #
1. Entity Name *Miracle Faith Deliverance Out-Reach Center, Inc.*
NO 5000007514
Miracle Faith Deliverance Out-Reach Center, Inc.



DO NOT WRITE IN THIS SPACE

40064513

2. Principal Place of Business - No P.O. Box #
4881 Griffin Rd
Suite, Apt. #, etc.
404
City & State
DAVIE, FL
Zip
33314 Country
Broward

3. Mailing Address
4881 Griffin Road
Suite, Apt. #, etc.
404
City & State
DAVIE, FL
Zip
33314 Country
Broward

CR2E037B (5/07)

4. FEI Number
87-0748320
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Ruth Jackson
Street Address (P.O. Box Number Is Not Acceptable)
4881 Griffin Road
Suit 404
City
DAVIE FL Zip Code
33314

**DO NOT WRITE
IN THIS SPACE**

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 _____

FEE IS \$61.25
Initial or Amended AR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P</i> <i>Ruth Jackson</i> <i>4881 Griffin Road apt # 404</i> <i>DAVIE, FL 33314</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D</i> <i>Branda Davis</i> <i>3761 NW 193 Street</i> <i>MIAMI, FL 33056</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TAMPA LAQUE</i> <i>P.O. Box 792</i> <i>MIAMI, GA. 30442</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ruth Jackson - President* *Ruth Jackson* *3/26/08* *(954) 584-1485*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #