

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007514

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MIRACLE FAITH DELIVERANCE OUTREACH CENTER, INC.

**Current Principal Place of Business:**

4881 GRIFFIN RD #404  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4881 GRIFFIN RD #404  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 87-0748320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACKSON, RUTH  
4881 GRIFFIN RD #404  
DAVIE, FL 33314 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: P  
Name: JACKSON, RUTH  
Address: 4881 GRIFFIN RD #404  
City-St-Zip: DAVIE, FL 33314

Title: D  
Name: DAVID, BRENDA  
Address: 3761 NW 192 STREET  
City-St-Zip: MIAMI, FL 33055

Title: T  
Name: LAQUE, TAMRA  
Address: PO BOX 792  
City-St-Zip: MILLEN, GA 30442

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: RUTH JACKSON

MIN.

04/29/2010

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

\_\_\_\_\_  
Date