

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011995

FILED
Jan 16, 2009
Secretary of State

Entity Name: WORLD MIRACLE CENTER, INC.

Current Principal Place of Business:

533 ROCHESTER LOOP
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

PO BOX 691771
ORLANDO, FL 32869

New Mailing Address:

FEI Number: 59-2525611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOUNT, CATHI
477 OLD MILL ROAD
KISSIMMEE, FL 34742 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: C () Delete
Name: MOUNT, TOM
Address: 477 OLD MILL ROAD
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: O'HAIR, GAROLD
Address: 288 SW 5TH STREET
City-St-Zip: OKLAHOMA CITY, OK 74683

Title: D () Delete
Name: MOUNT, CATHI
Address: 477 OLD MILL ROAD
City-St-Zip: KISSIMMEE, FL 34746

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:

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: TOM MOUNT

CEO

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date