


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90007 010 \*\*\*\*70.00

<b>DOCUMENT # N06000004100</b> 1. Entity Name <b>MIRACLE TEMPLE OF DELIVERANCE, INC.</b>					
Principal Place of Business <b>715 EAST 11TH ST PANAMA CITY, FL 32401</b>			Mailing Address <b>PO BOX 35484 PANAMA CITY, FL 32412</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>20-4153098</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TOBIAS, COREY W 2417 OAK TREE COURT PANAMA CITY, FL 32404</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIAS, CAREY W 2417 OAK TREE COURT PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOBIAS, COREY W  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIAS, SARA L 2417 OAK TREE COURT PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIAS, DOROTHY M 5153 MARLA DR PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Corey Tobias</i> <i>Corey TOBIAS</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1/29/07</b> Daytime Phone # <b>850-9A-6174</b>	



**ATTACHMENT**  
**40006341**  
**Division of Corporations**

**2007 Annual Report**

**Listed below is the most recent information reported for the entity.  
 Please review and click the appropriate button at the bottom to generate the  
 annual report form.**

This information cannot be changed on the report.	
Document Number	N06000004100
Business Entity Name	MIRACLE TEMPLE OF DELIVERANCE, INC.
Original File Date	04/12/2006

**FEI Number**

**Principal Address** 715 EAST 11TH ST  
 PANAMA CITY, FL 32401

**Mailing Address** PO BOX 35484  
 PANAMA CITY, FL 32412

**Registered Agent** COREY W TOBIAS  
 2417 OAK TREE COURT  
 PANAMA CITY, FL 32404 US

**Officer/Director Name And Address**

D  
 CAREY W TOBIAS  
 2417 OAK TREE COURT  
 PANAMA CITY, FL 32404

D  
 SARA L TOBIAS  
 2417 OAK TREE COURT  
 PANAMA CITY, FL 32404

D  
 DOROTHY M TOBIAS  
 5153 MARLA DR  
 PANAMA CITY, FL 32404

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