

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004100

FILED
Feb 11, 2009
Secretary of State

Entity Name: MIRACLE TEMPLE OF DELIVERANCE, INC.

Current Principal Place of Business:

715 EAST 11TH ST
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

PO BOX 35484
PANAMA CITY, FL 32412

New Mailing Address:

FEI Number: 20-4153098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOBIAS, COREY W
2417 OAK TREE COURT
PANAMA CITY, FL 32404 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: D () Delete
Name: TOBIAS, COREY W
Address: 2417 OAK TREE COURT
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: TOBIAS, SARA L
Address: 2417 OAK TREE COURT
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: TOBIAS, DOROTHY M
Address: 5153 MARLA DR
City-St-Zip: PANAMA CITY, FL 32404

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: COREY TOBIAS

MR.

02/11/2009

Electronic Signature of Signing Officer or Director

Date