

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000293

FILED
Feb 02, 2008
Secretary of State

Entity Name: HIGHWAY TO HEAVEN MIRACLE CENTER, INC.

Current Principal Place of Business:

3487 FAN PALM BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

4630 LIPSCOMB ST NE
SUITE13-14
PALM BAY, FL 32905

Current Mailing Address:

3487 FAN PALM BLVD
MELBOURNE, FL 32901

New Mailing Address:

4630 LIPSCOMB ST NE
SUITE13-14
PALM BAY, FL 32901

FEI Number: 20-8203646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERKIN, VELMA
3487 FAN PALM BLVD
MELBOURNE, FL 32901 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 () Delete
Name: PETERKIN, VELMA
Address: 3487 FAN PALM BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: V () Delete
Name: PETERKIN, STANLEY
Address: 3487 FAN PALM BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: LAMBERT, GRACE
Address: 971 SIERRA PLACE NE
City-St-Zip: PALM BAY, FL 32907

Title: S () Delete
Name: GRAYSON, STEPHANIE
Address: 300 LARCH CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

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:

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: VELMA PETERKIN

P

02/02/2008

Electronic Signature of Signing Officer or Director

Date