


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N07576		
1. Entity Name MIRACLE TEMPLE EVANGELISTIC ASSOCIATION, INC.		

Principal Place of Business 104 S.W. 16TH ST. BELLE GLADE FL 33430 US	Mailing Address 941 WHITAKER ROAD BELLE GLADE FL 33430 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 05-0160300	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICHOLS, ALVIN E. 941 WHITAKER ROAD BELLE GLADE FL 33430
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	NICHOLS, ALVIN E.
STREET ADDRESS	941 WHITAKER ROAD
CITY-ST-ZIP	BELLE GLADE FL
TITLE	V
NAME	NICHOLS, RANDOLPH A
STREET ADDRESS	952 STILLWELL RD
CITY-ST-ZIP	BELLE GLADE FL
TITLE	DC
NAME	NICHOLS, WANDA JOYCE
STREET ADDRESS	941 WHITAKER RD.
CITY-ST-ZIP	BELLE GLADE FL
TITLE	ST
NAME	MARIA C NICHOLS
STREET ADDRESS	1255 STILLWELL ROAD
CITY-ST-ZIP	BELLE GLADE FL
TITLE	CVD
NAME	JOHNS, EARL L.
STREET ADDRESS	2115 KNOX MCRAE DRIVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	TR
NAME	ROBERT L MUSK
STREET ADDRESS	625 NW AVENUE, F
CITY-ST-ZIP	BELLE GLADE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Alvin E. Nichols</i>	ALVIN E. NICHOLS	2-8-05	(561) 996-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			