2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N07576

Entity Name: MIRACLE TEMPLE EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

104 S.W. 16TH ST.
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

941 WHITAKER ROAD
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 05-0160300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, ALVIN E.
941 WHITAKER ROAD
BELLE GLADE, FL 33430 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:	PD	( ) Delete
Name:	NICHOLS, ALVIN E.,	
Address:	941 WHITAKER ROAD	
City-St-Zip:	BELLE GLADE, FL	
Title:	V	( ) Delete
Name:	NICHOLS, RANDOLPH A,	
Address:	952 STILLWELL RD	
City-St-Zip:	BELLE GLADE, FL	
Title:	DC	( ) Delete
Name:	NICHOLS, WANDA JOYCE,	
Address:	941 WHITAKER RD.	
City-St-Zip:	BELLE GLADE, FL	
Title:	ST	( ) Delete
Name:	MARIA C NICHOLS,	
Address:	1255 STILLWELL ROAD	
City-St-Zip:	BELLE GLADE, FL	
Title:	CVD	( ) Delete
Name:	JOHNS, EARL L.,	
Address:	2115 KNOX MCRAE DRIVE	
City-St-Zip:	TITUSVILLE, FL	
Title:	TR	( ) Delete
Name:	ROBERT L MUSK,	
Address:	625 NW AVENUE, F	
City-St-Zip:	BELLE GLADE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	NICHOLS, RANDOLPH A,	
Address:	1255 STILLWELL RD	
City-St-Zip:	BELLE GLADE, FL	
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: ALVIN E. NICHOLS PD 02/03/2009

Electronic Signature of Signing Officer or Director — Date