

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006846

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** MIRACLE MARRIAGE FAMILYLIFE MINISTRY, INC.

**Current Principal Place of Business:**

6124 PINE LN.  
SEBRING, FL 33876

**New Principal Place of Business:**

4033 SANTA BARBARA DR  
SEBRING, FL 33875

**Current Mailing Address:**

6124 PINE LN.  
SEBRING, FL 33876

**New Mailing Address:**

4033 SANTA BARBARA DR  
SEBRING, FL 33875

**FEI Number:** 01-0632479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, JOANN  
6124 PINE LN.  
SEBRING, FL 33876 US

**Name and Address of New Registered Agent:**

TAYLOR, JOANN  
4033 SANTA BARBARA DR  
SEBRING, FL 33875 US

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:

02/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TAYLOR, LEROY  
Address: 4033 SANTA BARBARA DR.  
City-St-Zip: SEBRING, FL 33875

Title: DVS  
Name: TAYLOR, JOANN  
Address: 4033 SANTA BARBARA DR  
City-St-Zip: SEBRING, FL 33875

Title: D  
Name: HANKERSON, BRIAN  
Address: 341 N 66 TERR.  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D  
Name: HANKERSON, TINA  
Address: 341 N 66 TERR.  
City-St-Zip: HOLLYWOOD, FL 33023

I hereby 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 all other like empowered.

SIGNATURE: JOANN TAYLOR

DVP

02/16/2012

Electronic Signature of Signing Officer or Director

Date