

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011141

FILED
Mar 05, 2009
Secretary of State

Entity Name: MIRACLES OF SOLOMON'S PORCHES, INC.

Current Principal Place of Business:

1820 MONUMENT ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1820 MONUMENT ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, LA SAUNDRA
9015 JEFFERSON AVE
JACKSONVILLE, FL 32208 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: SOLOMON, LA SAUNDRA
Address: 9015 JEFFERSON AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: V () Delete
Name: GATES, CATHY
Address: PO BOX 2636
City-St-Zip: SPRING VALLEY, CA 91979

Title: T () Delete
Name: MC COLLORS, DONNA
Address: 2434 VERNON STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: LASAUNDRA G. SOLOMON

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date