

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006948

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** AFC MIRACLE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

4850 NORTH STATE RD SEVEN, BLDG. G  
SUITE 111  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

5481 NORTH STATE ROAD SEVEN  
TAMARAC, FL 33319

**Current Mailing Address:**

4850 NORTH STATE RD SEVEN, BLDG. G  
SUITE 111  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

5481 NORTH STATE ROAD SEVEN  
TAMARAC, FL 33319

FEI Number: 27-0570479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOUDEN, G. HORATIO DR.  
5035 SABRELINE TERRACE  
GREENACRES, FL 33463 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  
Name: LOUDEN, G. HORATIO DR.  
Address: 5035 SABRELINE TERRACE  
City-St-Zip: GREENACRES, FL 33463

Title: VD  
Name: LOUDEN, WINSOME T DR.  
Address: 5035 SABRELINE TERRACE  
City-St-Zip: GREENACRES, FL 33463

Title: STD  
Name: DUGGAN, JOAN  
Address: 1107 SW 49TH TERRACE  
City-St-Zip: MARGATE, FL 33068

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: GIFFORD LOUDEN

PD

04/26/2010

Electronic Signature of Signing Officer or Director

Date