

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2011
Secretary of State**

DOCUMENT# N09000008786

Entity Name: MIRACLES OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

1883 SECLUSION DRIVE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291507
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 27-0884930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORSE, WILLIAM S
1883 SECLUSION DRIVE
PORT ORANGE, FL 32128 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: DPT
Name: MORSE, WILLIAM S
Address: P.O. BOX 290097
City-St-Zip: PORT ORANGE, FL 32129

Title: DVS
Name: MORSE, CAROL A
Address: P.O. BOX 290097
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: MARMOL, KELLY C
Address: 225 ZION ROAD
City-St-Zip: EGG HARBOR TWP, NJ 08234

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: WILLIAM S MORSE

PRES

03/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date