

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008786

FILED  
Jan 06, 2012  
Secretary of State

**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: VPT  
Name: MORSE, WILLIAM S  
Address: P.O. BOX 290097  
City-St-Zip: PORT ORANGE, FL 32129

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

Title: S  
Name: PIPER, JOAN M  
Address: P.O. BOX 121  
City-St-Zip: CASSADAGA, FL 32706

Title: D  
Name: ROGERS, JOHN  
Address: P.O. BOX 291507  
City-St-Zip: PORT ORANGE, FL 32129

Title: D  
Name: ZANGHI, DONALD  
Address: P.O. BOX 302  
City-St-Zip: CASSADAGA, FL 32706

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

VPT

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date