2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

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Entity Name: MIRACLE HANDS CONSIGNMENT & THRIFT STORE,INC.

Current Principal Place of Business:

121 W DIVISION STREET
SUITE A
MINNEOLA, FL 34715 US

New Principal Place of Business:

915 ARBOR HILL CIRCLE
MINNEOLA, FL 34715 US

Current Mailing Address:

121 W DIVISION STREET
SUITE A
MINNEOLA, FL 34715

New Mailing Address:

915 ARBOR HILL CIRCLE
MINNEOLA, FL 34715 US

FEI Number: 80-0506898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, PATRICIA D
915 ARBOR HILL CR.
MINNEOLA, FL 34715 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
Name: CLARK, PATRICIA D
Address: 915 ARBOR HILL CIRCLE
City-St-Zip: MINNEOLA, FL 34715 US

Title: VP
Name: THOMAS, ASTON A
Address: 1728 PRESIDIO DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: S
Name: CLARK, LARITA T
Address: 204 W SUMMERHILL CT.
City-St-Zip: MINNEOLA, FL 34715 US

Title: T
Name: CLARK, LACY JR.
Address: 915 ARBOR HILL CIRCLE
City-St-Zip: MINNEOLA, FL 34715 US

Title: A
Name: TELLADO, ADELINA
Address: 1211 HANCOCK RD.
City-St-Zip: CLERMONT, FL 34711 US

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: PATRICIA D. CLARK P 04/27/2012

Electronic Signature of Signing Officer or Director Date