

2006

CORPORATION
ANNUAL REPORTFILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT #N11000004297

1. Entity Name
MIRACLES STILL HAPPEN CHURCH, INC.Principal Place of Business
1406 NE 2 ST.
POMPAÑO BEACH, FL 33060Mailing Address
P.O. BOX 593
DEERFIELD BEACH, FL 33441 US

01102006

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0531761Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, RAYMOND JR
340 SW 14TH STREET
DEERFIELD BEACH, FL 33441DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OWENS, RAYMOND JR
STREET ADDRESS	340 SW 14TH STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	TD
NAME	OWENS, SHUMIE L
STREET ADDRESS	340 SW 14TH STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	GARNER, JAMES JR
STREET ADDRESS	4000 NW 4TH AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000407249
02/08/06-80008-025 150.00DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #