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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18404 (6)
1. Corporation Name
MIRACLE TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 477
GRETN FL 32332

POST OFFICE BOX 477
GRETN FL 32332-0477



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/22/1986

3a. Date of Last Report
02/07/1996

4. FEI Number
59-3289445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

WALKER, SHIRLEY A
ROUTE 5, BOX 329-A
QUINCY FL 32351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	DELETE
NAME	LANGFORD, MICKEY	
STREET ADDRESS	113 N. TENTH ST.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	DELETE
NAME	PORTER, DOROTHY	
STREET ADDRESS	4817 SPRING MEADOWS RD.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	DELETE
NAME	KEYS, TERRI T	
STREET ADDRESS	810 S. LINCOLN ST.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	S	DELETE
NAME	WALKER, SHIRLEY	
STREET ADDRESS	RT. 5, BOX 329-A	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	DELETE
NAME	O'NEAL, SEAN	
STREET ADDRESS	HIGHWAY 90 WEST., P. O. BOX 91	
CITY-ST-ZIP	MT. PLEASANT FL 32352	
TITLE	P	DELETE
NAME	LEE, JOHN L	
STREET ADDRESS	P. O. BOX 477 N/A	
CITY-ST-ZIP	GRETN FL 32332	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	Change	Addition
1.2 NAME	Donna Maria Robinson		
1.3 STREET ADDRESS	P.O. Box 567 N/A		
1.4 CITY-ST-ZIP	Gretna, Florida 32332		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna M. Robinson DONNA M. ROBINSON 4/29/97 922-4692

CR2E037 (9/96)