

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
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 POST OFFICE BOX 477  
GRETNA FL 32332 GRETNA FL 32332

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country  
24 25 29 30

3. Date Incorporated or Qualified  
12/22/1986

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 200002689302--2  
-11/17/98--01037--019  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
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	ROBINSON, MARIA	
STREET ADDRESS	PO BOX 567 N/A	
CITY-ST-ZIP	GRETNA FL	
TITLE	D	DELETE
NAME	PORTER, DOROTHY	
STREET ADDRESS	4617 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	GRETNA FL 32332	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	Change	Addition
1.2 NAME	T. LATREASE GARDNER		
1.3 STREET ADDRESS	P.O. BOX 645 N/A		
1.4 CITY-ST-ZIP	CHATTahoochee, FL. 32324		
2.1 TITLE	T	Change	Addition
2.2 NAME	NORMA PETERSON		
2.3 STREET ADDRESS	206 SOUTH BELINET DR.		
2.4 CITY-ST-ZIP	Quincy, FL. 32351		
3.1 TITLE	O	Change	Addition
3.2 NAME	DONNA MARIA ROBINSON		
3.3 STREET ADDRESS	P.O. BOX 567 N/A		
3.4 CITY-ST-ZIP	GRETNA, FL. 32332		
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/98

Date

806-9211

Daytime Phone #

0011792

CR2E037 (5/98)

FILED

98 NOV 13 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

