

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18404

FILED
Apr 28, 2004
Secretary of State

Entity Name: MIRACLE TEMPLE CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

POST OFFICE BOX 477
GRETNA, FL 32332

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 477
GRETNA, FL 32332

New Mailing Address:

FEI Number: 59-3289445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, SHIRLEY A
135 SMITH CIR
GRETNA, FL 32332 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: D () Delete
Name: ROBINSON, DONNA M
Address: 49 EAST AVENUE
City-St-Zip: GRETNA, FL 32332

Title: D () Delete
Name: GARDNER, T. LATRICE
Address: P.O. BOX 645
City-St-Zip: CHATTAHOOCHEE, FL

Title: D () Delete
Name: SHAW, TERRY
Address: 406 BROAD AVE
City-St-Zip: GRETNA, FL 32332

Title: S () Delete
Name: WALKER, SHIRLEY
Address: RT. 5, BOX 329-A
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: O'NEAL, SEAN
Address: HIGHWAY 90 WEST., P. O. BOX 91
City-St-Zip: MT. PLEASANT, FL 32352

Title: P () Delete
Name: LEE, JOHN L
Address: P. O. BOX 477 N/A
City-St-Zip: GRETNA, FL 32332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY A WALKER

S

04/28/2004

Electronic Signature of Signing Officer or Director

Date