

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18404

FILED
May 01, 2008
Secretary of State

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

Current Principal Place of Business:

9685 BLUE STAR HWY
QUINCY, FL 32352

New Principal Place of Business:

Current Mailing Address:

P O BOX 477
GRETNA, FL 32332

New Mailing Address:

FEI Number: 59-3289445 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, SHIRLEY A D
226 EAST CIRCLE DRIVE
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: LEE, JESSE
Address: P O BOX 477
City-St-Zip: GRETNA, FL 32332

Title: D () Delete
Name: ONEAL, SEAN P
Address: P O BOX 1015
City-St-Zip: GRETNA, FL 32332

Title: D () Delete
Name: SHAW, TERRY
Address: 11885 BLUE STAR HWY
City-St-Zip: MT PLEASANT, FL

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

Title: D () Delete
Name: LARKIN, ELAINE
Address: P O BOX 477
City-St-Zip: GRETNA, FL

Title: D () Delete
Name: DUBOSE, DIANE
Address: 208 S LOWE STREET
City-St-Zip: QUINCY, FL 32351

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 exemption stated 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 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: SHILREY WALKER

FD

05/01/2008

Electronic Signature of Signing Officer or Director

Date