2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# N18404

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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: SHIRLEY WALKER FD 05/27/2009
Electronic Signature of Signing Officer or Director — Date