

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37727

FILED
Jan 16, 2009
Secretary of State

Entity Name: MIRACLE LIFE MINISTRIES, INC.

Current Principal Place of Business:

3531 NW 35TH PL
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 358004
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 59-3014165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, HENRY E., III
3531 NW 35TH PL
GAINESVILLE, FL 32605 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: CPD () Delete
Name: RUSSELL, HENRY E., I, II
Address: 3531 NW 35TH PL
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: WEINER, ROSE E,
Address: 8017 SW 43RD PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: PAPPIS, DR. NICK,
Address: 103 EMERALD LAKE
City-St-Zip: JACKSON, TN 38305

Title: DTS () Delete
Name: RUSSELL, MILDRED C
Address: 3531 NW 35TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: SHERMAN, BRAD
Address: 2017 WATERBRED DRIVE
City-St-Zip: COCALVILLE, IA 52241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: RUSSELL, HENRY E., I, II
Address: 3531 NW 35TH PL
City-St-Zip: GAINESVILLE, FL 32605

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: D (X) Change () Addition
Name: SHERMAN, BRAD
Address: 2017 WATERBRED DRIVE
City-St-Zip: CORALVILLE, IA 52241

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: HENRY E RUSSELL III

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date