

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40829

FILED
Feb 14, 2007
Secretary of State

Entity Name: MIRACLE TEMPLE CHURCH, INC.

Current Principal Place of Business:

605 SE FIRST PLACE
PO BOX 1222
HIGH SPRINGS, FL 32655 US

New Principal Place of Business:

605 SE FIRST PLACE
HIGH SPRINGS, FL 32655 US

Current Mailing Address:

605 SE FIRST PLACE
PO BOX 1222
HIGH SPRINGS, FL 32655 US

New Mailing Address:

605 SE FIRST PLACE
HIGH SPRINGS, FL 32655 US

FEI Number: 59-3041047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, RICHARD T.
912 NE 2ND ST
GAINESVILLE, FL 32602 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: DP () Delete
Name: HICKMON, FREDDIE L.,
Address: 23077 N.W. 178TH AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: HICKMON, WILLIAM D.,
Address: 350-915 CROSSING BLVD.
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: PARKER, BURTON K.,
Address: PO BOX 1072
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D () Delete
Name: HICKMON, BYERS L
Address: 23077 N.W. 178TH AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: RAYMOND, LEE SR.
Address: PO BOX 1371
City-St-Zip: HIGH SPRINGS, FL 32655

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. FREDDIE L. HICKMON

DP

02/14/2007

Electronic Signature of Signing Officer or Director

Date