


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50564</b> 1. Entity Name <b>MIRACLE STRIP OFFICIALS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>P.O. BOX 541 SHALIMAR, FL 32579</b>	Mailing Address <b>P.O. BOX 541 SHALIMAR, FL 32579</b>
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1884017</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PARKS, MICHAEL L  
123 PINOAK CT E  
CRESTVIEW, FL 32539**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000584418 01/12/07-80036-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRANZALIA, CHUCK 2195 TOPAZ CT FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKS, MICHAEL 123 PINOAK CT. E CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINEEN, DON 56 LINWOOD RD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael L. Parks MICHAEL L. PARKS SECRETARY 1/8/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #