

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50564

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** MIRACLE STRIP OFFICIALS ASSOCIATION, INC.

**Current Principal Place of Business:**

123 PINOAK CT E  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 541  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 59-1884017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARKS, MICHAEL L  
123 PINOAK CT E  
CRESTVIEW, FL 32539 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: DV  
Name: FRANZALIA, CHUCK  
Address: 2195 TOPAZ CT  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD  
Name: PARKS, MICHAEL  
Address: 123 PINOAK CT. E  
City-St-Zip: CRESTVIEW, FL 32539

Title: PD  
Name: DINEEN, DON  
Address: 56 LINWOOD RD  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL L. PARKS

T/D

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date