

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50878

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** MIRACLES FROM THE CROSS, INC.

**Current Principal Place of Business:**

13416 E HWY 20  
YOUNGSTOWN, FL 32466 US

**New Principal Place of Business:**

**Current Mailing Address:**

443 HOWARD ST  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 59-3148329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRYANT, CECIL  
443 HOWARD ST  
NICEVILLE, FL 32578 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: PCD ( ) Delete  
Name: GARLAND, RON,  
Address: 13416 E HWY 20  
City-St-Zip: YOUNGSTOWN, FL 32466

Title: STD ( ) Delete  
Name: BRYANT, CECIL  
Address: 443 HOWARD ST  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: WILSON, MARVIN  
Address: 27005 REID RD  
City-St-Zip: LORANGER, LA 704463817

Title: D ( ) Delete  
Name: BARFIELD, CHARLES  
Address: 862 WEST JOHN SIMS PARKWAY  
City-St-Zip: NICEVILLE, FL 32578

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CECIL BRYANT

STD

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date