

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000508

FILED
Apr 22, 2009
Secretary of State

Entity Name: MIRACLE CENTER WORLD OUTREACH, INC.

Current Principal Place of Business:

5650 BRECKENRIDGE PARK DR
SUITE- 216
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

5650 BRECKENRIDGE PARK DR
SUITE- 216
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-3291237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, WILLIAM C
5650 BRECKENRIDGE PARK DR
SUITE 216
TAMPA, FL 33610 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: D () Delete
Name: JAMES, JOSEPH P
Address: 1904 CURRY RD
City-St-Zip: LUTZ, FL 33649

Title: DVP () Delete
Name: BURKE, MELANIE R
Address: 15604 COCHESTER RD
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: MULOCK, MARK
Address: 14907 BILLINGSHURST CT
City-St-Zip: HUNTERSVILLE, NC 28078

Title: S () Delete
Name: STOCKHAUSEN, JOHN
Address: 3421 BRUSHWOOD CT
City-St-Zip: CLEARWATER, FL 33761

Title: P () Delete
Name: BURKE, WILLIAM C
Address: 15604 COCHESTER RD
City-St-Zip: TAMPA, FL 33647

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 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: WILLIAM C BURKE

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date