

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005858

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** MIRACLES THROUGH PRAYER AND FAITH MINISTRIES INC.

**Current Principal Place of Business:**

6772 PEMBROKE RD  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3616  
HOLLYWOOD, FL 33083 US

**New Mailing Address:**

**FEI Number:** 65-0657223      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RICHARDS, EARL S  
3412 S.W. 63 WAY  
MIRAMAR, FL 33023 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: RICHARDS, EARL S  
Address: 3412 S.W. 63 WAY  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: RICHARDS, JENNIFER  
Address: 1221 NW 123RD ST  
City-St-Zip: MIAMI, FL 331672317

Title: T ( ) Delete  
Name: BRAMMER, CAROL  
Address: CASABLANCA DR.  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: DUNNING, PAULA  
Address: 20782 NW 41ST AVE-RD  
City-St-Zip: MIAMI GARDENS, FL 33055

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: PAULA DUNNING

T

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date