2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2006
Secretary of State

DOCUMENT# N98000001643

Entity Name: MIRACLE DELIVERANCE TEMPLE, INC.

Current Principal Place of Business:

1409 CLEVELAND ST
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1409 CLEVELAND ST
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEWARD, MARY V
2223 W 12TH ST
JACKSONVILLE, FL 32209 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: P ( ) Delete
Name: UPSON, MARVIN L
Address: 2679 LOWELL AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: VD ( ) Delete
Name: BRANDON, PAUL E
Address: 5425 LUELLA ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete
Name: THOMAS UPSON, SHEILA
Address: 2679 LOWELL AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: D ( ) Delete
Name: JOHNSON UPSON, LOLA
Address: 102 ANNE AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: D ( ) Delete
Name: BRANDON, THOMAS S
Address: 2223 W 12TH ST
City-St-Zip: JACKSONVILLE, FL 32209

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:

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 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: SHEILA THOMAS UPSON SD 07/15/2006
Electronic Signature of Signing Officer or Director — Date