

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90041 001 \*\*\*\*61.25  
01-11-2008 90041 002 \*\*\*\*\*8.75

<b>DOCUMENT # N98000001643</b>	
1. Entity Name <b>MIRACLE DELIVERANCE TEMPLE, INC.</b>	

Principal Place of Business <b>1409 CLEVELAND ST JACKSONVILLE, FL 32209</b>	Mailing Address <b>1409 CLEVELAND ST JACKSONVILLE, FL 32209</b>
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**66000036**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>STEWART, MARY V 2223 W 12TH ST JACKSONVILLE, FL 32209</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	UPSON, MARVIN L			NAME	MARY V. STEWARD		
STREET ADDRESS	2679 LOWELL AVE			STREET ADDRESS	2223 W 12TH STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32254			CITY-ST-ZIP	JACKSONVILLE, FL 32209		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	S D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRANDON, PAUL E			NAME	CLIFFORD A. BRANDON		
STREET ADDRESS	5425 LUELLA ST			STREET ADDRESS	2223 W 12TH STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	JACKSONVILLE, FL 32209		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THOMAS UPSON, SHEILA			NAME	STEVEN A. BRANDON		
STREET ADDRESS	2679 LOWELL AVE			STREET ADDRESS	3920 FALCON DRIVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32254			CITY-ST-ZIP	NAPERVILLE IL 60564		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON UPSON, LOLA			NAME			
STREET ADDRESS	102 ANNE AVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32254			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANDON, THOMAS S			NAME			
STREET ADDRESS	2223 W 12TH ST			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mary V. Steward **MARY V. STEWARD** 1-8-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #