

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

DOCUMENT # N98000003072 1. Entity Name MIRACLE FAITH CENTER, INC.					
Principal Place of Business 421 N. PALAFOX PENSACOLA, FL 32501			Mailing Address 421 N. PALAFOX PENSACOLA, FL 32501		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 91-1907647	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HARFOUCHE, CHRISTIAN DR 421 N PALAFOX PENSACOLA, FL 32501			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARFOUCHE, CHRISTIAN DR 421 N. PALAFOX PENSACOLA, FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Christian Harfouche 421 N. Palafox Pensacola, FL 32501 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANKINS, MICHEAL DR 6005 DALROCK ROAD ROWLETTE, TX 75088	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200039731102 07/30/04--01041--012 **70.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARFOUCHE, ROBIN DR 421 N. PALAFOX PENSACOLA, FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec/Treas. Robin Harfouche 421 N. Palafox Pensacola, FL 32501 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWNE, RODNEY H DR. 3738 AUTO WAY DRIVE TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Christian Harfouche</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>7/16/04</u> Phone: <u>850/439-6225</u> Date Daytime Phone #		