2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# N98000003072

Entity Name: MIRACLE FAITH CENTER, INC.

Current Principal Place of Business:

421 N. PALAFOX
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

421 N. PALAFOX
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 91-1907647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

HARFOUCHE, CHRISTIAN DR
421 N PALAFOX
PENSACOLA, FL 32501 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: HARFOUCHE, CHRISTIAN
Address: 421 N. PALAFOX
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Delete
Name: HANKINS, MICHEAL DR
Address: 6005 DALROCK ROAD
City-St-Zip: ROWLETTE,, TX 75088

Title: ST ( ) Delete
Name: HARFOUCHE, ROBIN
Address: 421 N. PALAFOX
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Delete
Name: BROWNE, RODNEY H DR.
Address: 3738 AUTO WAY DRIVE
City-St-Zip: TAMPA, FL 33610

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 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 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: CHRISTIAN HARFOUCHE P 06/28/2005

Electronic Signature of Signing Officer or Director — Date