## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N98000006017

1. Entity Name

MIRACLE TABERNACLE CHURCH OF OUR LORD JESUS CHRIST, INC.

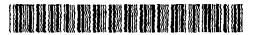


FILED Apr 19, 2006 08:00 AM Secretary of State

Principal Place of Business

13520 JOHNSON ST. DADE CITY, FL 33525 Mailing Address

P.O. EOX 193 DADE CITY, FL 33526



DO NOT WRITE IN THIS SPACE

03312006 No Chg-NP C

CR2E037 (11/05)

4. FEI Number 65-0887574 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERRE-CHARLES, ANGELA H 13520 JOHNSON ST. DADE CITY, FL 33525

DO	NOT	WRITE
IN	THIS	SPACE

		<b>{</b>					
	named entity submits this statement for the tions of registered agent.	purpose of changing its registered office	e or reg	stered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	·						
Signature, typed or printed name of registered eyem and title if applicatio. (NOTE: Registered Agent argusture required when reinstaing)							
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing     Trust Fund Contribution.		55.00 May Be added to Fees			
10.	OFFICERS AND DIRE	CTORS		1	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIERRE-CHARLES, ANGELA H 6412 RYERSON CIRCLE APT 14 WESLEY CHAPEL, FL 33544				000000519151 05/02/06-88040-019 70.00		
TITLE NAME STREET ABORESS CITY-ST-ZIP	DS DAWKINS, FLORETTA J 14736 10TH ST. DADE CITY, FL 33523			· · · · · · · · · · · · · · · · · · ·			
title name street address city-st-zip	DT JENKINS, LURLENE 14701 FUTCH STREET DADE CITY, FL 33523			DO	NOT WRITE		
TITLE T NAME PIERRE-CHARLES, LUC STRELT ADDITION GH12 RYERSON CIRCLE APT 14 WESLEY CHAPEL, FL 33644				IN '	HIS SPACE		
Title Hame Street Address City-St-21P							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the correctanged.	perify that the information supplied with this for this report or supplemental report is true a poration or the receiver of trustee empowerer or on an attachment with an address, with all	illing does not qualify for the exemption and accurate and that my signature shad to execute this report as required by to other like empowered.	s contai il have t Chapter	ned in Chapter 119 te same legal effec 617, Florida Statute	<ol> <li>Florida Statutes. I further certify that the information of as if made under path; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if</li> </ol>		