

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006017

1. Entity Name
**MIRACLE TABERNACLE CHURCH OF OUR LORD JESUS
CHRIST, INC.**



Principal Place of Business
**13520 JOHNSON ST.
DADE CITY, FL 33525**

Mailing Address
**P.O. BOX 193
DADE CITY, FL 33526**

DO NOT WRITE IN THIS SPACE



03052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0887574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIERRE-CHARLES, ANGELA H 6412 RYERSON CIRCLE APT 14 WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERRE-CHARLES, LUC 6412 RYERSON CIRCLE APT 14 WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000658599
03/15/07-80044-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Angela H. Pierre-Charles Angela H. Pierre-Charles 3/5/07 (813) 929-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #