2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N98000006017

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

Current Principal Place of Business:

13520 JOHNSON ST.
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 193
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 65-0887574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PIERRE-CHARLES, ANGELA H
13520 JOHNSON ST.
DADE CITY, FL 33525 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: DP ( ) Delete
Name: PIERRE-CHARLES, ANGELA H
Address: 31107 MASERIA DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: DS ( ) Delete
Name: DAWKINS, FLORETTA J
Address: 14736 10TH ST.
City-St-Zip: DADE CITY, FL 33523

Title: DT ( ) Delete
Name: JENKINS, LURLENE
Address: 14701 FUTCH STREET
City-St-Zip: DADE CITY, FL 33523

Title: T ( ) Delete
Name: PIERRE-CHARLES, LUC
Address: 31107 MASENA DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33545

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 exemption stated 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 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: ANGELA H. PIERRE-CHARLES DP 04/22/2009

Electronic Signature of Signing Officer or Director — Date