

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90104 017 *****61.25

DOCUMENT # N99000002363

1. Entity Name
MIRACLE DELIVERANCE MINISTRIES, INC.



Principal Place of Business
**4721 SAN JUAN
JACKSONVILLE, FL 32205**

Mailing Address
**4721 SAN JUAN
JACKSONVILLE, FL 32205**

50049134



02282005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3645811

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EDMONDSON, MARY L
5721 BELAFONTE DRIVE
JACKSONVILLE, FL 32209**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOCKHART, LANORA
STREET ADDRESS	5345 CORONET DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	DTRA
NAME	EDMONDSON, MARY
STREET ADDRESS	2753 MAYPORT RD #146
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	D
NAME	CHANEY, LINDSEY
STREET ADDRESS	PO BOX 48163
CITY-ST-ZIP	JACKSONVILLE, FL 32247
TITLE	TO
NAME	MCQUARY, KATHRINE
STREET ADDRESS	1231 W 19ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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