

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90092 024 \*\*\*\*63.52

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

Name ☒

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME LOCKHART, LANORA ☐ Delete  
STREET ADDRESS 5345 CORONET DR.  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE  
NAME DTRA ☐ Delete  
STREET ADDRESS EDMONDSON, MARY  
CITY-ST-ZIP 2753 MAYPORT RD #146  
ATLANTIC BEACH FL 32233

TITLE  
NAME CHANEY, LINDSEY ☐ Delete  
STREET ADDRESS PO BOX 48163  
CITY-ST-ZIP JACKSONVILLE FL 32247

TITLE  
NAME TO ☐ Delete  
STREET ADDRESS MCQUARY, KATHRINE  
CITY-ST-ZIP 1231 W 19ST  
JACKSONVILLE FL 32209

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME Gloria Smith ☐ Change ☐ Addition  
STREET ADDRESS 4646 West 455 Apt 169 L  
CITY-ST-ZIP Jax FLA 32203

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 517, 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: *Lanora Lockhart*