

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002363	
1. Entity Name MIRACLE DELIVERANCE MINISTRIES, INC.	

Principal Place of Business 5345 CORONET DRIVE JACKSONVILLE FL 32205	Mailing Address 5345 CORONET DRIVE JACKSONVILLE FL 32205
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

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 *Mary L Edmondson* DATE **4-29-08**

Signature typed for printed name of registered agent and "I" to be applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOCKHART, LANORA 5345 CORONET DR. JACKSONVILLE FL 32205 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DTRA EDMONDSON, MARY 2753 MAYPORT RD #146 ATLANTIC BEACH FL 32233 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000345771 05/30/08-80022-003 57.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHANEY, LINDSEY PO BOX 48163 JACKSONVILLE FL 32247 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TO MCQUARY, KATHRINE 1231 W 19ST JACKSONVILLE FL 32209 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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 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: *Lanora Lockhart* **4-29-08**