

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90085 049 ****61.25

DOCUMENT # N99000005115

1. Entity Name

MIRACLE GOD MINISTRY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

786 N.W. 14th STREET
Suite, Apt. #, etc.

3. Mailing Address

9820 N.W. 7 AVENUE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA 33136
Zip Country

City & State

MIAMI, FLORIDA 33150
Zip Country

4. FEI Number

65-0943460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EZEKIEL WILLIAMS

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

786 N.W. 14 STREET

City

MIAMI

FL

Zip Code

33136

**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.

SIGNATURE

Ezekiel Williams

EZEKIEL WILLIAMS

3/28/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	EZEKIEL WILLIAMS 786 N.W. 14th STREET MIAMI, FLORIDA 33136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	HENRY FULLINGTON 7769 N.W. 9 AVENUE MIAMI, FLORIDA 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM McDONALD 243 N.W. 10 STREET MIAMI, FLORIDA 33136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	RICHARD REED 100 N.W. 12 STREET MIAMI, FLORIDA 33136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	JOHN DARKINS 1445 N.W. 2 AVENUE MIAMI, FLORIDA 33136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CHRISTINA BURKE DELPLESHE 786 N.W. 14th STREET MIAMI, FLORIDA 33136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ezekiel Williams

EZEKIEL WILLIAMS

3/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exhibit

Exemption: Filing #

CR2E037B (12/01)