2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 17, 2005
Secretary of State

DOCUMENT# N99000006112

Entity Name: MIRACLE DELIVERANCE OUTREACH CENTER, INC.

Current Principal Place of Business:

1201 E NEW YORK AVE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

1201 E NEW YORK AVE
DELAND, FL 32724

New Mailing Address:

FEI Number: 56-2467963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, CAROLYN J
2070 KEYES LN
DELTONA, FL 32738 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: P ( ) Delete
Name: LANE, CAROLYN J
Address: 2070 KEYES LN
City-St-Zip: DELTONA, FL 32738

Title: S ( ) Delete
Name: LANE, FAITHE D
Address: 2070 KEYES
City-St-Zip: DELTONA, FL 32738

Title: T ( ) Delete
Name: LANE, DANYALE
Address: 522 W NEW HAMPSHIRE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change ( ) Addition
Name: LANE, CAROLYN J
Address: 2070 KEYES LN
City-St-Zip: DELTONA, FL 32738

Title: STTR (X) Change ( ) Addition
Name: LANE, FAITHE D
Address: 2070 KEYES
City-St-Zip: DELTONA, FL 32738

Title: TR/C (X) Change ( ) Addition
Name: EWARK, DANYALE
Address: 522 W NEW HAMPSHIRE
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN J. LANE TR 06/17/2005

Electronic Signature of Signing Officer or Director — Date