2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# N99000006287

Entity Name: MIRACLE HOUSE OF PRAYER APOSTOLIC FAITH INTERNATIONAL INC.

Current Principal Place of Business:

8391 CURRENCY DR
STE 101
WEST PALM BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 533
LOXAHATCHE, FL 334070533

New Mailing Address:

FEI Number: 65-0996154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TAYLOR, IRIS C
17569 81ST LANE NORTH
LOXAHATCHEE, FL 33470 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:	TAYLOR, IRIS C	
Address:	17569 81ST LANE NORTH	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	V	( ) Delete
Name:	TAYLOR, EDWARD W	
Address:	17569 81ST LANE NORTH	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	D	( ) Delete
Name:	THOMAS, CATHERINE	
Address:	17607 81ST LANE NORTH	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	D	( ) Delete
Name:	GRANT, DENISE	
Address:	4252 NORTH W. 9TH DRIVE	
City-St-Zip:	PLANTATION, FL 33317	
Title:	S	( ) Delete
Name:	JACKSON, RUTH	
Address:	11812 DAHLIA DR.	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	JOHNSON, CECILY	
Address:	201 NORTH CHILLINGWORTH DR	
City-St-Zip:	WEST PALM BEACH, FL 33409	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: IRIS C TAYLOR P 05/04/2007

Electronic Signature of Signing Officer or Director — Date