

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007329

FILED
Sep 25, 2004
Secretary of State**Entity Name:** POWER HOUSE MIRACLE CENTER MINISTRY, INC.**Current Principal Place of Business:**3310 N. DAVIS ST
JACKSONVILLE, FL 32206 US**New Principal Place of Business:****Current Mailing Address:**990 MARBLERIDGE CT.
ORANGE PARK, FL 32065**New Mailing Address:****FEI Number:** 59-3558011**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WADE, EARLRICO K
990 MARBLERIDGE CT.
ORANGE PARK, FL 32065**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:** T () Delete
Name: WADE, EARLRICO K
Address: 990 MARBLERIDGE CT.
City-St-Zip: ORANGE PARK, FL 32065**Title:** T () Delete
Name: BROWN, CYNTHIA
Address: 1444 E. 26TH ST.
City-St-Zip: JACKSONVILLE, FL 32206**Title:** T () Delete
Name: WADE, MELISSA
Address: 990 MARBLERIDGE CT.
City-St-Zip: ORANGE PARK, FL 32065**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:

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: EARLRICO WADE

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09/25/2004

Electronic Signature of Signing Officer or Director

Date