

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000007329

**FILED**  
**Dec 10, 2014**  
**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:**

3310 N. DAVIS ST  
JACKSONVILLE, FL 32206

**FEI Number:** 59-3558011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WADE, MELISSA A  
990 MARBLERIDGE CT.  
ORANGE PARK, FL 32065 US

**Name and Address of New Registered Agent:**

WADE, MELISSA A  
3310 N. DAVIS ST  
JACKSONVILLE, FL 32206 US

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:** MELISSA WADE

12/10/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** WADE, MELISSA A  
**Address:** 990 MARBLERIDGE CT.  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** T  
**Name:** BROWN, CYNTHIA  
**Address:** 1444 E. 26TH ST.  
**City-St-Zip:** JACKSONVILLE, FL 32206

**Title:** T  
**Name:** WADE, JOHNNY  
**Address:** 990 MARBLERIDGE CT.  
**City-St-Zip:** ORANGE PARK, FL 32065

I hereby 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 all other like empowered.

**SIGNATURE:** MELISSA PLOWDEN WADE

CEO

12/10/2014

Electronic Signature of Signing Officer or Director

Date