

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008786

Entity Name: MIRACLES OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

1883 SECLUSION DRIVE
PORT ORANGE, FL 32128

Current Mailing Address:

P.O. BOX 291507
PORT ORANGE, FL 32129

FEI Number: 27-0884930

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MORSE, WILLIAM S
1883 SECLUSION DRIVE
PORT ORANGE, FL 32128 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title VP, TREASURER, DIRECTOR
Name MORSE, WILLIAM S
Address P.O. BOX 290097
City-State-Zip: PORT ORANGE FL 32129

Title PRESIDENT, DIRECTOR
Name MORSE, CAROL A
Address P.O. BOX 290097
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR, SECRETARY
Name PIPER, JOAN M
Address P.O. BOX 291507
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name LORD, FRANCES
Address P.O. BOX 291507
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name JOHNSTONE, ROBERT
Address P.O. BOX 291507
City-State-Zip: PORT ORANGE FL 32129

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: WILLIAM S MORSE

VP

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date