

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004940

**Entity Name:** HOLY SPIRIT MIRACLE CENTER INC.

**Current Principal Place of Business:**

25388  
PUNTA GORDA, FL 33983

**Current Mailing Address:**

4331 REFLECTIONS BLVD  
APT 108  
SUNRISE, FL 33351 US

**FEI Number: 80-0925345**

**Certificate of Status Desired:** No

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

WILSON, DONNA M PASTOR  
25388  
PUNTA GORDA, FL 33983 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            P  
Name            WILSON, JOHN B  
Address           25388  
City-State-Zip: PUNTA GORDA FL 33983

Title            OFFICER  
Name            LEE, DEBBIE  
Address           256 PENNSYLVANIA AVE.  
City-State-Zip: BRIDGEPORT CT 06610

*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: JOHN B. WILSON**

**PASTOR**

**04/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date