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

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROP	TT 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

Name and Address of Current Registered Agent:

WILSON, DONNA M PASTOR 25388 PUNTA GORDA, FL 33983 US Certificate of Status Desired: No

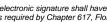
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	OFFICER
Name	WILSON, JOHN B	Name	LEE, DEBBIE
Address	25388	Address	256 PENNSYLVANIA AVE.
City-State-Zip:	PUNTA GORDA FL 33983	City-State-Zip:	BRIDGEPORT CT 06610



PASTOR

04/18/2017

Date

FILED Apr 18, 2017 Secretary of State CC0550873267

Date