

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004940

Entity Name: HOLY SPIRIT MIRACLE CENTER INC.

Current Principal Place of Business:

2280 AARON ST.
CULTURAL CENTER CONFERENCE ROOM
PORT CHARLOTTE, FL 33952

Current Mailing Address:

25388 PALADIN LN
PUNTA GORDA, FL 33983 US

FEI Number: 80-0925345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, DONNA M PASTOR
25172 ZODIAC LN
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 25172 ZODIAC LN
City-State-Zip: PUNTA GORDA FL 33983

Title SEC
Name GREY, HAZEL C
Address 25388 PALADIN LN
City-State-Zip: PUNTA GORDA FL 33983

Title TR
Name GREY, MENDEZ L
Address 25388 PALADIN LN
City-State-Zip: PUNTA GORDA FL 33983

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 _____

OFFICER

02/23/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date