

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004940

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

**Current Principal Place of Business:**

5661 WASHINGTON STREET  
B30  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

5661 WASHINGTON STREET  
B30  
HOLLYWOOD, FL 33023 US

**FEI Number:** 80-0925345

**Certificate of Status Desired:** No

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

WILSON, DONNA M PASTOR  
5661 WASHINGTON STREET  
B30  
HOLLYWOOD, FL 33023 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 5661 WASHINGTON STREET  
B30  
City-State-Zip: HOLLYWOOD FL 33023

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 WILSON

**OFFICER**

**03/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date